



Facts, Figures, and Trends

2014-2015



IDAHO DEPARTMENT OF
HEALTH & WELFARE

A Message from our Director Richard M. Armstrong



Our agency's Strategic Plan outlines three main goals. Number one on that list is "Improve the health status of Idahoans." Each year, we make gains in this effort, in such diverse areas as improving our children's immunization rates to helping with chronic disease management, or facilitating the transition to electronic medical records.

But this year, we are on the brink of something even greater, something that can improve the healthcare system for all Idahoans. We call this initiative the SHIP, which stands for the State Healthcare Innovation Plan.

The SHIP sets a course to transform our healthcare system from a volume-based, fee-for-service model to one that prioritizes value, preventive care and improved patient outcomes. The framework of the SHIP is built around a patient-centered medical home in which a primary care provider directs all of a patient's medical care.

This model features universal use of electronic health records, real-time data to evaluate the effectiveness of treatments, and the use of evidence-based practices to achieve the best outcomes. This medical home initiative promotes patient self-management and engagement, providing coordinated care based on a comprehensive assessment of an individual's healthcare needs. Most importantly, it holds the patient and healthcare delivery system accountable.

In return for this care management, the primary care provider is paid a monthly fee for each patient they oversee. Some patients, such as a person with a serious heart condition, may require daily monitoring, while others will be less intensive. But in the end, this type of care management and payment reform can provide the opportunity for the physician to educate the patient on managing their own health for better patient outcomes, while reducing overall costs to achieve the best value.

In 2012, we conducted a medical home pilot, which resulted in strong results and motivated us to push for broad implementation. In December we received a federal grant to expand the patient-centered medical home concept to 165 medical practices over the next three years. It will undoubtedly be a tremendous undertaking by all of the players, including the medical providers, hospitals, insurers and consumers.

The real work is just beginning, but I am certain the Idaho SHIP can dramatically "Improve the health status of Idahoans" for years to come.

Introduction

We have organized the information and data in this handbook to give you an overview of services we provide, numbers of people we serve, and how appropriations are spent. This guide is not intended to be a comprehensive report about the Idaho Department of Health and Welfare, but it should answer many frequently asked questions.

The first few pages of this report provide the big picture, describing the agency's overall budget and major spending categories. Following this overview, we give a brief description of each division and statistical information for many of our programs and services. When possible, we provide historical perspective. The handbook is color-coded by division for easy reference.

To provide the health and human services described throughout this handbook, we diligently follow a Strategic Plan, which defines our key goals:

Goal 1: Improve the health status of Idahoans.

Goal 2: Increase the safety and self-sufficiency of individuals and families.

Goal 3: Enhance the delivery of health and human services.

The department is designed to help families in crisis situations and to give a hand to vulnerable children and adults who cannot solve their problems alone. Our programs are integrated to provide the basics of food, healthcare, job training, and cash assistance to get families back on their feet and become self-reliant members of Idaho communities. Staff in all our divisions depend on each other to do their jobs as they help families solve their problems so we can build a healthier Idaho.

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Our Organization

The Department of Health and Welfare (DHW) serves under the leadership of Idaho Governor C.L. "Butch" Otter. Our director oversees all department operations and is advised by an 11-member Idaho Board of Health and Welfare appointed by the Governor.

Our organization deals with complex social, economic and health issues. To do that effectively, DHW is organized into eight divisions: Medicaid, Family and Community Services, Behavioral Health, Welfare (Self-Reliance), Public Health, Licensing and Certification, Operational Services, and Information and Technology. Each division provides services or partners with other agencies and groups to help people in our communities. As an example, the Division of Family and Community Services will provide direct services for child protection and may partner with community providers or agencies to help people with developmental disabilities.

Each of our public service divisions includes individual programs. The Division of Public Health, for instance, includes such diverse programs as Immunizations, Epidemiology, Food Protection, Laboratory Services, Vital Records, Health Statistics, and oversight of Emergency Medical Services and disaster preparedness.

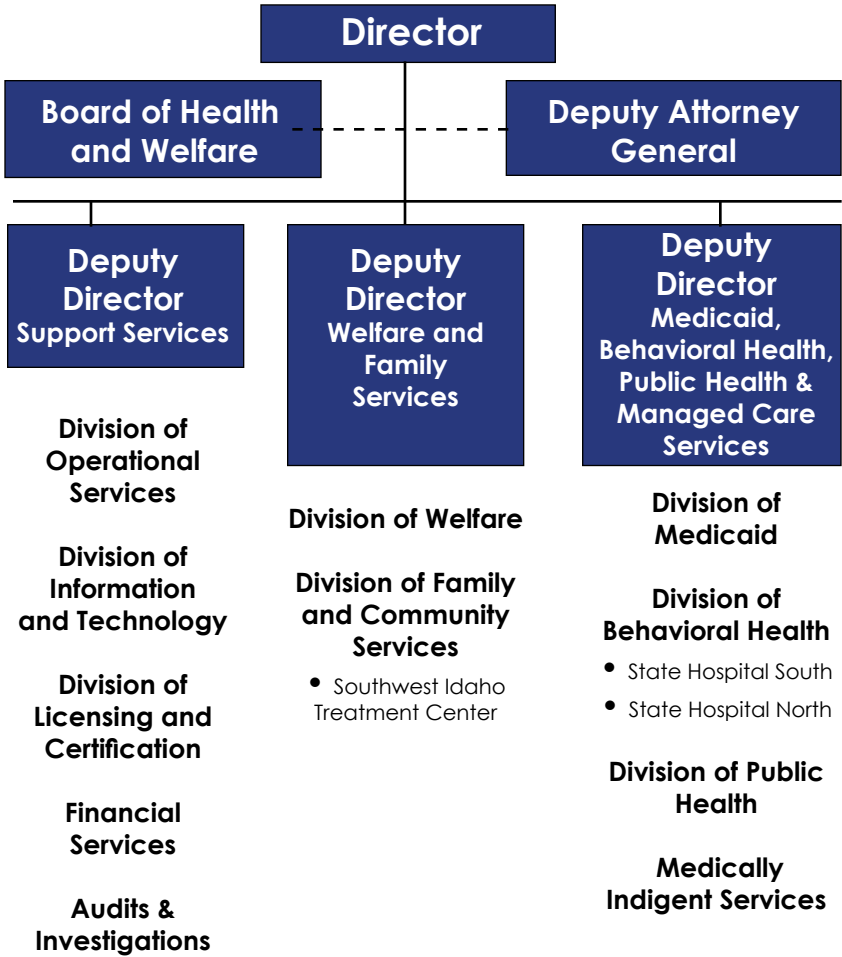
Many people turn to DHW for help with a crisis in their lives, such as a job loss or mental illness. Along with meeting these needs, DHW programs also focus on protecting the health and safety of Idaho residents. As examples, the Division of Licensing and Certification licenses hospitals, assisted living and skilled nursing facilities. The EMS and Preparedness bureau certifies emergency response personnel such as EMTs and paramedics. The Criminal History Unit provides background checks of people working with vulnerable children and adults, such as in daycares or nursing homes.

One of the guiding principles of all DHW programs is to collect and use performance data to maximize state funding and provide the best services possible. Many of these performance measures are available in this publication. By constantly measuring and collecting performance data, DHW programs are held accountable for continued improvement.

Funding for DHW programs is often a combination of state and federal funds. As an example, in the Medicaid program, the federal government pays approximately 70 percent of medical claims for Idaho residents. Overall, in SFY 2015, the federal government will contribute almost 65 percent of DHW's total appropriation.

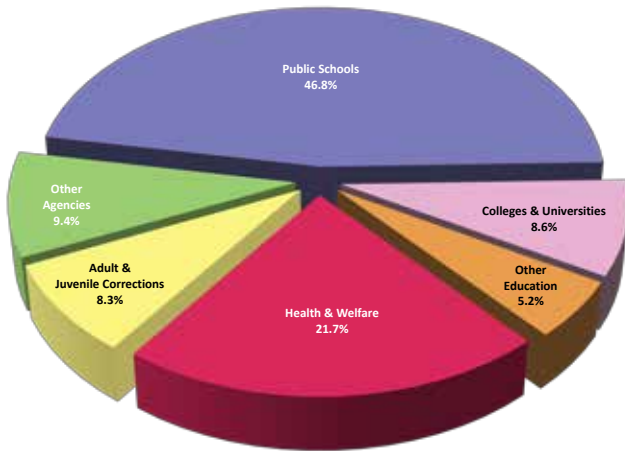
DHW is a diverse organization with workers who are dedicated to protecting the health and safety of Idaho citizens.

Organizational Chart

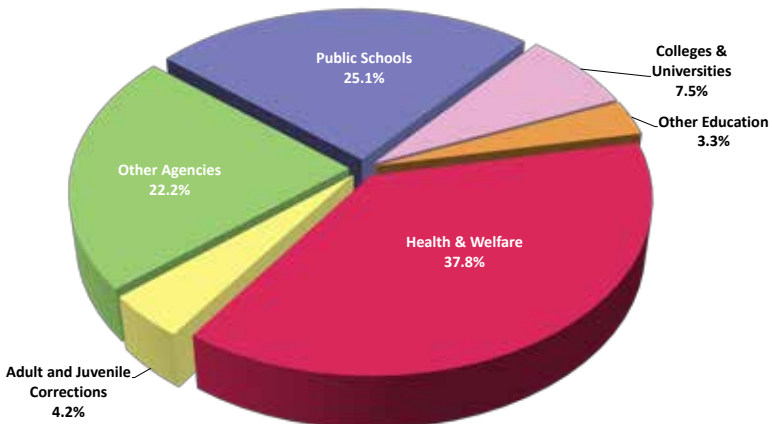


Total State SFY 2015 Appropriations

State General Fund Appropriations for all State Agencies



Total Appropriations for all State Agencies



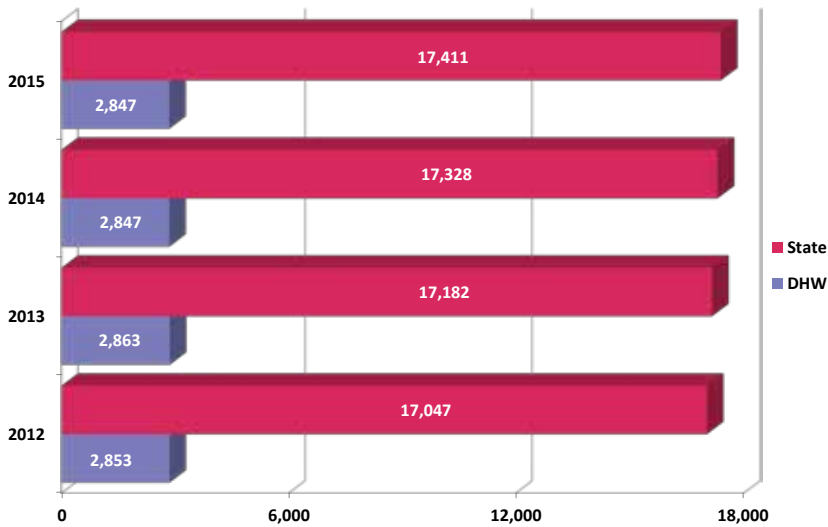
Total appropriations includes state general funds, federal funds and dedicated funds.

SFY 2015 Financial Data Summary

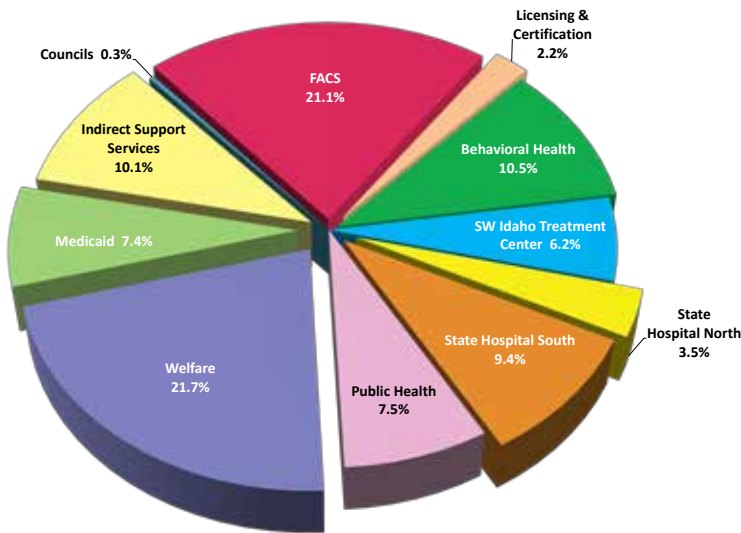
Functional Area	In Millions			
	General	%Total	Total	%Total
Public Schools	\$1,374.60	46.8%	\$1,676.63	25.1%
Colleges, Universities	251.22	8.6%	498.64	7.5%
Other Education	153.72	5.2%	217.75	3.2%
Health & Welfare	637.29	21.7%	2,528.31	37.8%
Adult & Juvenile Corrections	243.27	8.3%	279.31	4.2%
All Other Agencies	<u>275.99</u>	<u>9.4%</u>	<u>1,487.30</u>	<u>22.2%</u>
Total	\$2,936.09	100.0%	\$6,687.94	100.0%

Appropriated Full-Time Positions

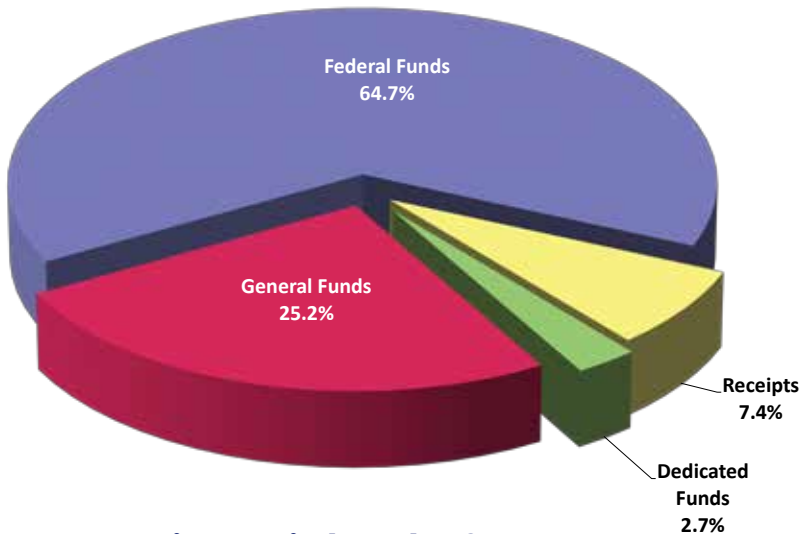
The use of Full-Time Positions (FTP) is a method of counting state agency positions when different amounts of time or hours of work are involved. The department's workforce has remained steady over the last four years, with the state's overall workforce increasing approximately 2 percent.



SFY 2015 FTP Distribution - Department of Health & Welfare



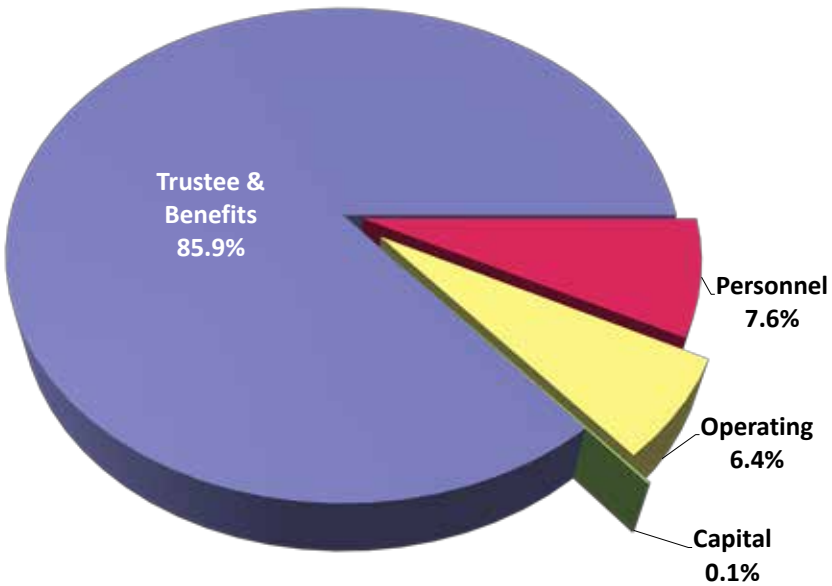
SFY 2015 DHW Appropriation Fund Source



Financial Data Summary

Fund Source		Amount
General Funds		\$ 637.3 Million
Federal Funds		1,637.4 Million
Receipts		186.9 Million
Dedicated Funds		
Domestic Violence	\$ 496,400	
Cancer Control	404,000	
Central Tumor Registry	182,700	
Medical Assistance	3,500	
Liquor Control	650,000	
State Hospital South Endowment	3,625,400	
State Hospital North Endowment	1,047,400	
Prevention of Minors' Access to Tobacco	50,400	
Access to Health Insurance	3,842,300	
Court Services	257,800	
Millennium Fund	2,825,000	
EMS	2,931,500	
EMS Grants	1,400,000	
Hospital, Nursing Home, ICF/ID Assessment Funds	30,000,000	
Immunization Assessment Fund	18,970,000	
Total Dedicated Funds		<u>\$66.7 Million</u>
Total		\$2,528.3 Million

SFY 2015 DHW Appropriation by Expenditure Category

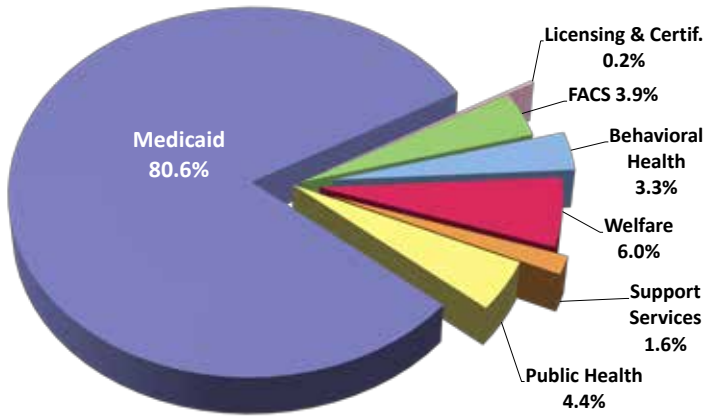


Financial Data Summary

By Object	Amount
Trustee and Benefits	\$2,172.1 Million
Personnel Costs	191.1 Million
Operating Expenditures	162.3 Million
Capital	<u>2.8 Million</u>
Total	\$2,528.3 Million

- The appropriation for benefits to Idaho citizens increased \$27.4 million from SFY 2014, while personnel costs, operating and capital expenses increased by \$5.7 million.
- Payments for services to Idaho citizens make up 86 percent of DHW's budget. These are cash payments to participants, vendors providing services, government agencies, non-profits, hospitals, etc.
- The department purchases services or products from more than 10,000 companies, agencies or contractors, and more than 30,000 Medicaid providers.

Original SFY 2015 DHW Appropriation



By Division	FTP	General	Total
Welfare/ Self-Reliance	616.55	\$ 39,085,800	\$ 151,129,000
Medicaid			
Low-income children/ working age adults		102,468,400	532,033,500
Individuals w/Disabilities		292,927,800	1,111,711,500
Dual Eligible		83,629,500	328,179,300
Administration	<u>210.00</u>	<u>13,321,400</u>	<u>61,365,700</u>
Total Medicaid	210.00	\$492,347,100	\$2,033,290,000
Licensing & Certification	63.90	\$ 1,558,200	\$ 5,833,400
Family and Community Services			
Child Welfare	388.75	8,918,100	32,373,500
Foster/Assistance Payments		10,006,200	27,683,600
Service Integration	36.00	912,700	5,832,400
Developmental Disabilities	176.96	9,884,800	20,052,700
SW Idaho Treatment Center	<u>176.75</u>	<u>2,440,400</u>	<u>11,988,500</u>
Total FACS	778.46	\$ 32,162,200	\$ 97,930,700
Behavioral Health			
Adult Mental Health	204.98	17,195,100	22,776,100
Children's Mental Health	79.00	7,923,500	12,467,700
Substance Abuse	14.72	2,542,300	16,186,300
Community Hospitalization		2,790,000	2,790,000
State Hospital South	267.85	9,410,500	21,421,000
State Hospital North	<u>99.60</u>	<u>7,119,600</u>	<u>8,309,200</u>
Total Behavioral Health	666.15	\$ 46,981,000	\$ 83,950,300
Public Health			
Physical Health	132.00	4,480,400	94,114,100
EMS	40.50	96,400	11,761,100
Laboratory Services	<u>41.00</u>	<u>2,194,400</u>	<u>4,676,400</u>
Total Health	213.50	\$ 6,771,200	\$ 110,551,600
Support Services	288.50	\$ 18,124,600	\$ 40,689,400
Medically Indigent	1.10	\$ 139,800	\$ 139,800
Councils/Commissions	9.00	\$ 118,500	\$ 4,794,700
Department Totals	2,847.16	\$637,288,400	\$2,528,308,900

Division of Medicaid

Lisa Hettinger, Administrator, 334-5747

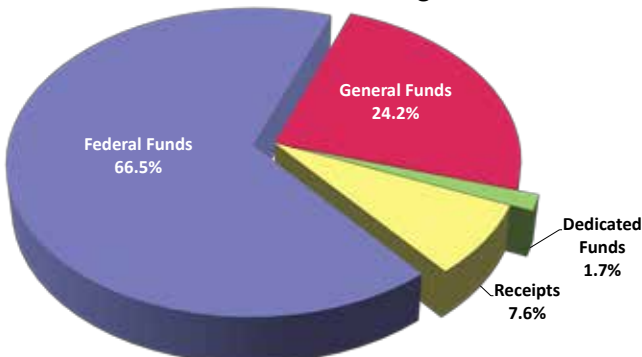
The Division of Medicaid provides comprehensive medical coverage for eligible Idahoans in accordance with Titles XIX and XXI of the Social Security Act and state statute. The division does not provide direct medical services, but contracts and pays for services through providers similar to a health insurance company.

Medicaid participants have access to covered benefits through three benefit plans that align with health needs. The Basic Plan is primarily designed to meet the health needs of low-income children and working-age adults. For individuals with special needs, the Enhanced Plan adds developmental disability, enhanced mental health coverage, and long-term care services. Individuals who are dual eligibles (covered by both Medicare and Medicaid) have access to the Coordinated Plan.

The Division of Medicaid has the largest appropriation in the department with an original SFY 2015 total appropriation of \$2.033 billion. This funding is composed of approximately 67 percent federal money, 25 percent state general funds, and 8 percent receipts and dedicated funds. Only 3 percent of Medicaid's budget is spent on administration, while 97 percent is paid directly to service providers. This means that each \$1 of state general fund spending results in \$4.13 that is paid predominately to private health care providers who are part of the Idaho healthcare delivery system.

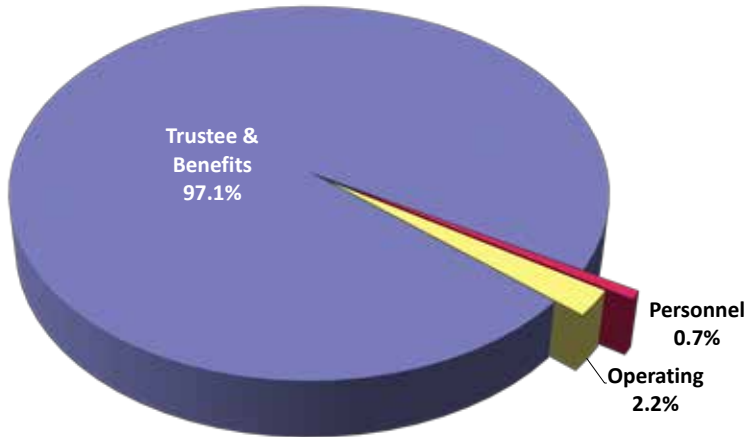
Receipts have become an increasingly important part of Medicaid's annual budget, providing \$155.1 million in the SFY 2014 budget. Receipts include \$78.1 million in rebates from pharmaceutical companies, \$49.6 million from cost-based audit settlements with various health care provider agencies and companies, and nearly \$9.1 million from estate recovery.

Medicaid SFY 2015 Funding Sources



Authorized FTP: 210; Original Appropriation for SFY 2015: General Funds \$ 492.3 million, Total Funds \$ 2.03 billion; 80.6% of Health and Welfare funding.

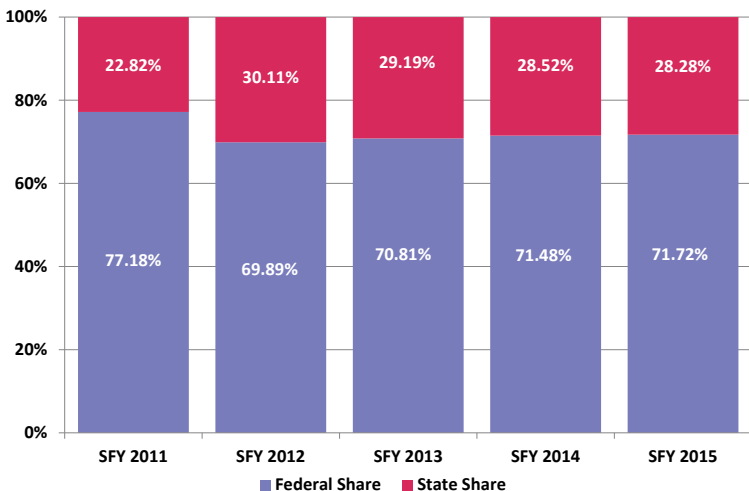
Medicaid SFY 2015 Expenditure Categories



Funding Medicaid: The Impact of the Federal Medical Assistance Percentage (FMAP) Rate

The Federal Medicaid Assistance Percentage (FMAP) has continued a slight rise over the last four state fiscal years. This is the percentage that the federal government shares in the costs associated with all services provided to Medicaid recipients. State FMAP rates are based on state per capita income: the lower a state's per capita income, the greater amount the federal government will contribute to Medicaid expenses. Idaho's increase is due to the slight decline in the per-capita income when compared to the national average.

Idaho Federal Medical Assistance Percentage (FMAP)



SFY 2014-2015 Budget Analysis

The Idaho Medicaid program's SFY 2014 experience reflects Idaho's steady economic recovery over the last year. Idaho Medicaid averaged 252,598 participants per month in SFY 2014. Medicaid's caseload growth increased by 5.5 percent in SFY 2014, as compared to 3.13 percent in SFY 2013.

The enrollment increase in SFY 2014 can be attributed primarily to the Affordable Care Act (ACA) requiring people to have insurance coverage. There were many Idaho residents, mostly children, who qualified for Medicaid coverage but had never applied. With the ACA insurance mandate, many applied for Medicaid coverage during SFY 2014. Once past the ACA enrollment period, Idaho expects to return to a 2 to 3 percent enrollment growth rate.

For the fourth straight year, Idaho Medicaid successfully completed the year without delaying payments to providers because of lack of funds. This stabilization of the Medicaid budget reflects the prudent budget approach by the Governor and the Legislature, good budget management by the department, and an improving Idaho economy.

Medicaid continues to move toward better managed care options in SFY 2015 to improve the health outcomes of participants, while further stabilizing the budget.

Enrollment and Expenditures

Medicaid enrollment averaged 252,598 participants per month in SFY 2014, increasing by 13,166 people from SFY 2013's enrollment of 239,432. The rate of growth continues to decline compared to the Medicaid growth experienced during the peak of the recession and is now more closely approaching a growth pattern for a normal economy.

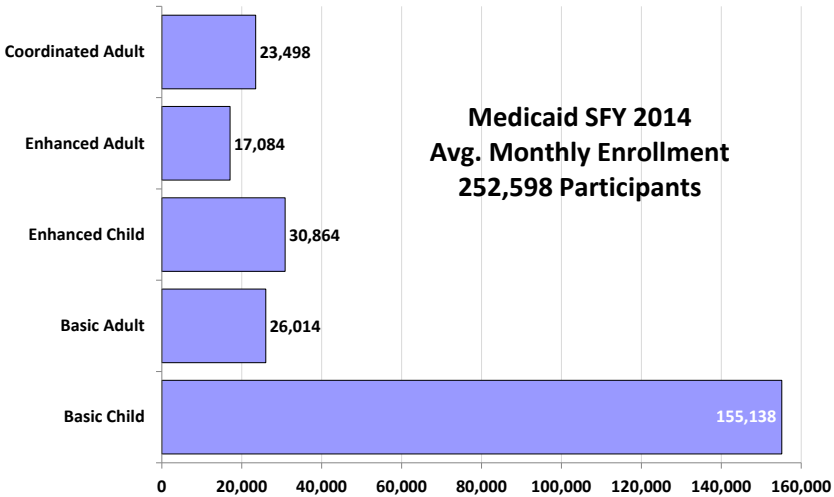
Idaho offers three health plans for Medicaid participants.

1. Basic Plan: This plan is for low-income children and adults with eligible children who have average healthcare needs. Basic Plan participants reflect 72 percent of Medicaid's total enrollment, but only 28 percent of expenses.

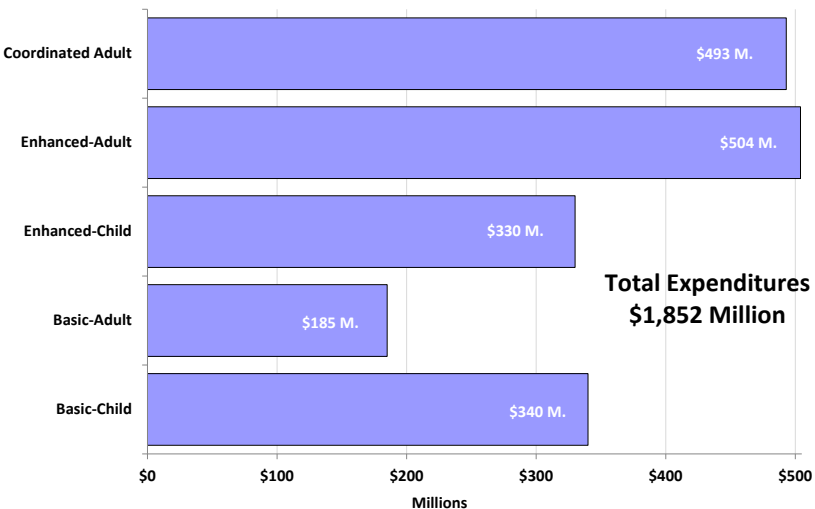
2. Enhanced Plan: Participants often have disabilities or special health needs, which can be expensive. Enhanced Plan participants make up 19 percent of Medicaid's enrollment and 45 percent of expenses.

3. Coordinated Plan: This plan is for participants who are enrolled in both Medicare and Medicaid, and are often referred to as dual eligibles. Many dual eligible enrollees in the Coordinated Plan have multiple serious or chronic illnesses. Participants who receive their Medicaid coverage through their Medicare Advantage Plan make up 9 percent of Medicaid's enrollment and 27 percent of Medicaid expenses.

SFY 2014 Enrollees
Average Monthly Participants

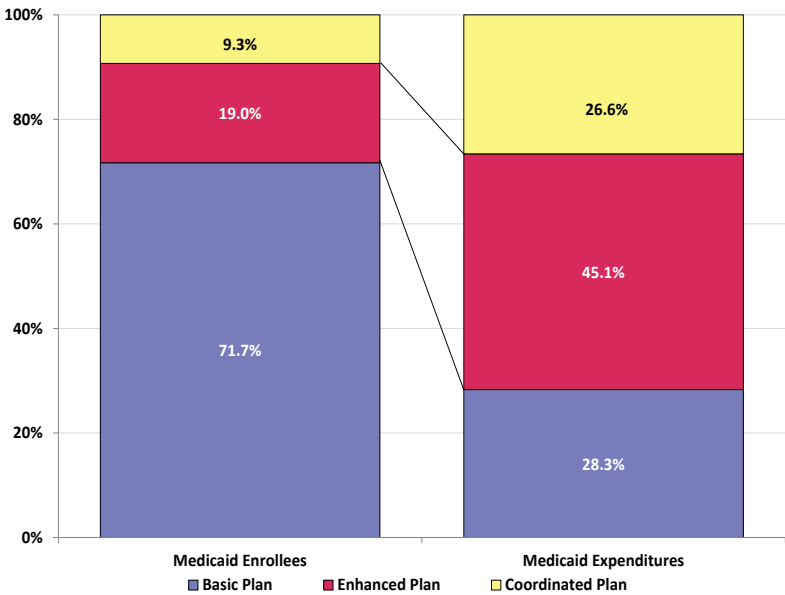


SFY 2014 Expenditures



SFY 2014 Enrollment and Expenditure Comparison

Children in the Basic Plan average less than \$183 a month for coverage, while children in the Enhanced Plan average almost \$892 a month. By comparison, an adult in the Basic Plan costs \$591 a month, while an adult in the Enhanced Plan averages almost \$2,460 a month. Most participants on the Enhanced Plan have more intense needs, both for behavioral health and medical services. Most participants on the Coordinated Plan are elderly and also have greater needs for medical services, along with services providing long term care such as assisted living facilities or nursing homes. A participant on the Coordinated Plan costs an average of \$1,749 a month.



Medicaid Initiatives

Technology Performance

From July 2013 to June 2014, the Division of Medicaid has continued to work closely with Molina Medicaid Solutions (claims processing and reporting), Magellan Medicaid Administration (pharmacy), Truven (data warehouse and decision support), and Medicaid providers to make system enhancements, improve service to all stakeholders, and meet the Centers for Medicare and Medicaid Services (CMS) requirements. Approximately 119,000 claims are processed through the Molina system weekly. Over 95 percent of claims are accepted by the system and over

99 percent of approved claims are paid within 5 to 15 days. Total weekly payouts from Molina Medicaid systems average close to \$29.3 million (This represents total payment including fee-for-service claims and managed care fees).

An average of \$39,912 in claims are processed weekly by Magellan for pharmacy. All Magellan claims are paid within seven days, with a weekly payout of approximately \$2.8 million.

Medicaid Managed Care

Prior to SFY 2014, Medicaid had managed care programs for dental care and transportation. During SFY 2014, Medicaid implemented behavioral health managed care and continued work moving forward on managed care for participants eligible for both Medicaid and Medicare.

Behavioral Health Managed Care – Idaho Code § 56-263 directs Medicaid to develop plans for managed care models of service delivery. Medicaid's state plan amendment to support behavioral health managed care and the 1915b waiver were approved. DHW entered into a contract with United Healthcare, doing business as Optum Health, on April 24, 2013. In Idaho the company operates as "Optum Idaho."

Optum Idaho's administration of Medicaid behavioral health benefits, known as the Idaho Behavioral Health Plan (IBHP), began on September 1, 2013. Optum Idaho provided a transition period for 60 days in which all Medicaid members continued with their current treatment plan and their current provider. Medicaid is working closely with Optum Idaho to implement the IBHP which includes recruitment, enrollment, and training of a provider network; development of electronic information and claims payment systems; and development of related communications and disbursement of information materials.

Managed Care for Dual Eligibles – Most individuals dually eligible for Medicare and Medicaid receive fragmented and poorly coordinated care. People who are dually eligible are among the nation's most chronically ill and costly patients, accounting for nearly 50 percent of all Medicaid spending and 25 percent of all Medicare spending.

As of March 2014, there were 23,390 dually eligible individuals in Idaho. In an effort to ensure that dual eligibles have full access to seamless, high quality, cost-effective health care, the Centers for Medicare and Medicaid Services (CMS) continues to collaborate with states, health care providers, caregivers, and beneficiaries to improve quality, reduce costs, and improve the dually eligible experience. In addition, with the passing of House Bill 260, the 2011 Idaho Legislature directed Medicaid to develop

managed care programs that result in an accountable care system and improved health outcomes.

Blue Cross of Idaho, under contract with Idaho Medicaid, has administered the True Blue Special Needs Plan since 2006. It is designed to coordinate all health-related services for Medicare and Medicaid, including hospital services, medical services, prescription drug services, and behavioral health services. Blue Cross of Idaho passed a comprehensive evaluation required to implement an expanded Medicare-Medicaid Coordinated Plan beginning July 1, 2014. The True Blue Special Needs plan has expanded to incorporate additional benefits, including Aged and Disabled Waiver services, developmental disability targeted service coordination, community-based rehabilitation services, personal cares services, nursing home care and services for people living in an intensive care facility for the intellectually disabled.

The True Blue Special Needs Plan provides all the benefits currently available through Medicare and Medicaid in a single coordinated health plan. This program is a voluntary enrollment plan available to dually eligible participants in 33 of 44 Idaho counties in 2014, with plans to expand to 42 counties in 2015.

The Medicare-Medicaid Coordinated Plan:

- Implements a health home care model via an interdisciplinary care team, which consists of a primary care provider, care manager and the dual eligible individual.
- Covers and coordinates Medicare and Medicaid services in exchange for per-member-per-month capitation payments.
- Improves care planning, care continuity, care transitions and health outcomes.
- Eliminates cost-shifting and regulatory conflicts between Medicare and Medicaid.
- Covers an expanded array of benefits, which now includes long-term services and supports, skilled nursing facility and intermediate care facility for the intellectually disabled coverage, and targeted service coordination for adults with developmental disabilities.

Idaho Medicaid and Blue Cross of Idaho continue to engage in stakeholder outreach regarding the managed care program and its expansion. Detailed information regarding this initiative is available at www.MedicaidLTCManagedCare.dhw.idaho.gov.

Multi-Payer Medical Home Collaborative

The Medical Home Collaborative was created by an executive order to support primary care practices in Idaho as they transition into patient-centered medical homes. The payers include Idaho Medicaid, Regence Blue Shield, Blue Cross of Idaho, and PacificSource. The collaborative has defined key medical home criteria including payment methodologies for a multi-payer pilot, clinical and practice transformation requirements, and chronic condition criteria for select patients to maintain healthy outcomes. This pilot began in January 2013 and is ongoing.

Idaho Medicaid launched its Health Home Program in January 2013 at the same time as the pilot and worked with the collaborative to develop a patient-centered medical home model in coordination with other payers. This program targets improved care for individuals with diabetes, asthma, or mental health conditions. As of July 2014, a total of 9,574 participants received care from 56 practices across the state in the Health Home program.

Children's Healthcare Improvement Collaboration

The state of Idaho, in partnership with Utah, received a Children's Health Insurance Program Reauthorization Act quality demonstration grant for \$10.3 million. The grant is in the final year of a five year grant award. The project has been successful in objectives to:

1. Develop and test pediatric patient-centered medical homes;
2. Implement evidence-based quality improvement strategies;
3. Create an improvement partnership network; and
4. Enhance health information technology (HIT).

Three pediatric practices were supported in their journey to Patient-Centered Medical Home certification. Areas of improvement included population-based care and identification of community resources and family-centered care. Pediatric and family practices had the opportunity to participate in six learning collaboratives during the course of this grant. More than 30 practices, encompassing 132 providers across the state, engaged in learning evidence-based quality improvement strategies through the learning collaborative model.

Through grant efforts, an Idaho Improvement Partnership was formed. This is a multidisciplinary advisory board of 12 healthcare professionals committed to improving healthcare for all Idaho children. The advisory board has an institutional home at St. Luke's Children's Hospital. This grant provided an opportunity to partner with Idaho Health Data Exchange to enhance health information technology by building an Immunization Gateway. The gateway will provide proof of concept for exchange of information.

Medicaid Incentive Payments for Electronic Health Records

Idaho Medicaid successfully launched the Medicaid Electronic Health Record Incentive Program Stage 2 Meaningful Use on July 1, 2014. The program is the result of the American Recovery and Reinvestment Act which authorized incentive payments for eligible Medicare and Medicaid providers who meaningfully use certified electronic health record technology.

During the second year of operations of this program, Medicaid paid 27 hospitals \$13.8 million and 499 medical professionals \$6.1 million in federal incentive payments. The incentive program will run through 2021 and is expected to provide millions of dollars to Idaho hospitals and medical professionals. Idaho Medicaid serves as the pass-through for the incentive payments, which are all federal dollars.

Idaho Home Choice

The Idaho Home Choice Program was implemented in October 2011 and is designed to rebalance long-term care spending from institutionalized care to home and community-based care. As of July 2014, the Home Choice program has helped 187 of 345 anticipated participants transition into the community.

The program, in the fourth year of operation, is going strong with an approved budget of \$3.6 million for calendar year 2014. It is projected that at the end of the five-year grant period, Idaho will have diverted \$1.9 million of Medicaid state fund spending from institutionalized care to home and community-based care. The Division of Medicaid, partners and service providers continue to build the necessary infrastructure for the Idaho Home Choice and the Aging and Disability Resource Center projects in order to facilitate additional transitions.

Medicaid's Patient-Centered Medical Homes (Health Homes)

Management of the Health Home Program shifted from project to program status in July 2013 and has been integrated into the Primary Care Unit under the Medical Care Bureau. The Primary Care Program Manager oversees this program with staff that includes two quality assurance specialists (practice coaches), a research analyst and operations supervisor.

DHW continues to support and monitor 56 Primary Care Practices participating in the Idaho Medicaid Health Home Program. During fiscal year 2014, nine new Primary Care Practices joined the Health Home Program with a total of 9,574 participants enrolled.

The transformation effort occurring in these clinics has been impressive. Of the 27 practices initially enrolled and required to meet National Committee of Quality Assurance accreditation by 2015, 11 are recognized, three have applied and the remaining 12 will be applying by Sept. 2014.

The program continues to work closely with the Idaho Medical Home Collaborative in providing technical assistance and during this time assisted with two webinars, a face-to-face annual statewide meeting and regional "lunch'n learn" events to enhance networking opportunities for practices. During the next year, analysis will continue from lessons learned and modifications are expected in the areas of enrollment and quality measures reported.

Idaho State Healthcare Innovation Plan

The Idaho State Healthcare Innovation Plan (SHIP) was completed over a 6-month planning period that started in July 2013. A broad, stakeholder-driven strategy was used to conduct a statewide assessment and re-design of the current health care delivery and payment system. The new model builds upon Idaho's current innovations and successes. With implementation of the plan, Idaho proposes to improve the health and health care for all Idahoans, while also lowering the costs of health care.

The SHIP relied on a steering committee and four work groups to conduct analysis and develop recommendations for the proposed re-design. During planning, regular working meetings were facilitated by Mercer Health and Benefits Consulting firm, which also provided relevant subject matter experts in four areas:

1. Health information technology
2. Physician networks
3. Clinical quality improvement
4. Payment strategies.

Feedback about components of the model was also received from Idaho's communities, with 44 focus groups held throughout the state. In those meetings, feedback was sought from consumers, primary care providers, other service providers, employers and hospitals. Six "town hall" meetings were conducted in three rural-frontier areas, which included all five of Idaho's tribes.

Through this broad stakeholder-driven process, Idaho completed the SHIP, which was submitted to Centers for Medicare and Medicaid Services Innovation Center (CMMI) in December 2013. However, the SHIP is a living document, and continues to be refined as the system partnerships and operational details for implementation are worked out.

The Steering Committee continues to meet monthly. In February 2014, the committee evolved to become the Idaho Healthcare Coalition (IHC). The IHC was established through Executive Order by Governor Otter and is charged with leading Idaho's healthcare system transformation, under the direction of DHW. The 25-member IHC is chaired by a highly respected, practicing primary care physician who has led the group since the summer of 2013.

Idaho plans to accelerate implementation of the SHIP over the next four years with funding from a \$39.7 million model test grant the federal government has set up for this purpose. DHW was awarded the grant in December 2014.

The SHIP, the model test proposal, and newsletters describing the activities that occurred during the planning process can be read at <http://IdahoSHIPproject.dhw.idaho.gov>

Children's Developmental Disabilities Benefit Redesign

The department concluded the first full year of the new children's benefits on June 30, 2014. The data from this year provides DHW a more comprehensive picture of service implementation, costs and impacts. The current enrollment in all children's developmental disability benefits exceeds 2,500 children. The array of benefits replacing the old services of developmental therapy and intensive behavioral intervention includes respite, habilitative intervention, habilitative supports, family education, family training, assessment, and interdisciplinary training.

Habilitative intervention was utilized by 42 percent of the participants, habilitative supports by 51 percent, 5 percent accessed respite care, with additional services of assessments, family education, family training, and interdisciplinary training also being utilized. While there are still challenges, the overall program is operating well. The department continues to work closely with parents, advocates and providers to ensure ongoing improvements in the operation of the program and to provide the best services possible for children with developmental delays in Idaho.

Financial Operations

During SFY 2014, the Bureau of Financial Operations:

- Recovered over \$9.1 million through the Estate Recovery Program;
- The Health Insurance Premium Payment Program saved Idaho Medicaid an estimated \$3.2 million by helping 312 individuals acquire or retain health insurance that paid primary to Medicaid;
- Ensured that Medicare was the primary payer for the 38,232 Medicaid participants who have Medicare through the Medicare Savings Program; and
- Recovered approximately \$7.8 million from primary insurance, casualty and liability claims, and provider overpayments through the Third Party Liability contracts program.

Division of Licensing and Certification

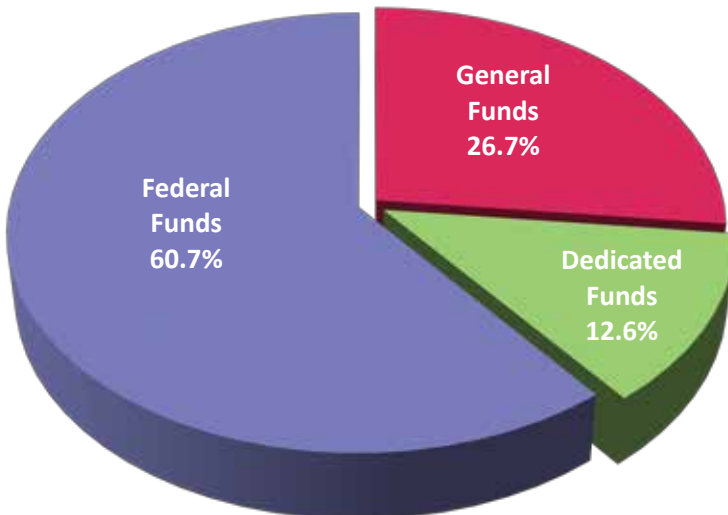
Tamara Prisock, Administrator, 334-6626

The Division of Licensing and Certification ensures that Idaho healthcare facilities and agencies are in compliance with applicable federal and state statutes and rules. The division oversees regulatory licensing and certification activities for:

- Ambulatory surgery centers
- Certified family homes
- Developmental disability agencies
- Home health agencies
- Hospice agencies
- Hospitals
- Intermediate care facilities for people with intellectual disabilities
- Nursing homes
- Outpatient physical therapy and speech pathology
- Renal dialysis centers
- Residential care or assisted living facilities
- Residential habilitation agencies
- Rural health clinics

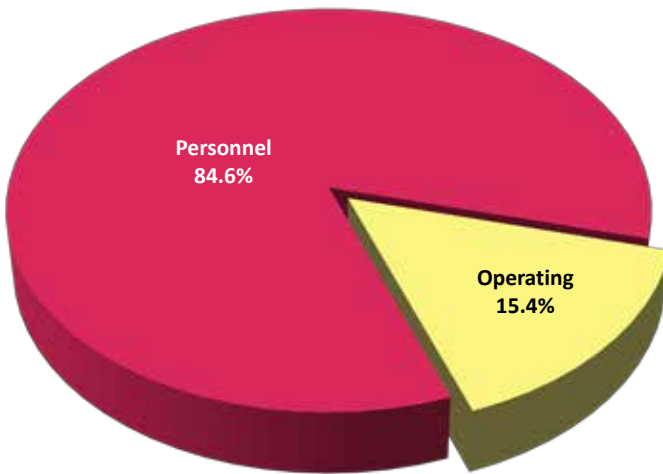
Each unit within the division is responsible for promoting an individual's rights, well-being, safety, dignity, and the highest level of functional independence.

Licensing & Certification SFY 2015 Funding Sources



Authorized FTP: 63.9; Original appropriation for SFY 2015: General Funds \$1.6 million, Total Funds \$5.8 million; 0.2% of Health and Welfare funding.

Licensing & Certification SFY 2015 Expenditure Categories



Bureau of Facility Standards

The Bureau of Facility Standards, in cooperation with the Centers for Medicare and Medicaid Services (CMS), serves and protects Idahoans requiring health-related services, supports and supervision in care. The bureau licenses and certifies a variety of healthcare providers and suppliers, such as skilled nursing facilities, intermediate care facilities for the intellectually disabled, hospitals, home health agencies, end-stage renal dialysis centers, ambulatory surgical centers and hospice providers. The bureau also is the single focal point for fire, life safety and healthcare construction standards in the state.

The Bureau of Facility Standards administers three programs:

1. Long-Term Care
2. Non-Long-term Care
3. Facility Fire Safety and Construction

The Long-term Care Program conducts licensing and certification activities to ensure that the state's 79 long-term care facilities, which have 5,971 beds, are in compliance with federal regulations and state rules. These facilities cannot receive Medicare or Medicaid payments if they do not comply with regulations.

The Non-Long-term Care Team is responsible for surveying, licensing, and certifying approximately 350 healthcare providers in the state, including 52 hospitals; 59 home health agencies with 29 branch locations; 26 end stage renal dialysis centers; 44 hospice agencies with 31 branch locations; 51 ambulatory surgery centers; 68 intermediate care facilities for the

intellectually disabled; 46 rural health clinics; and nine occupational therapy/physical therapy clinics with 18 extension units; and four portable X-ray providers. These facilities must also comply with federal and state regulations to receive Medicare or Medicaid payments.

The Facility Fire Safety and Construction Program provides oversight and management of the facility fire safety and building construction requirements for all federally certified healthcare facilities or state licensed facilities. This team performs facility plan reviews and approvals; on-site plan inspections and finalizations; consultations; and periodic facility fire and safety surveys which include complaint and fire investigations.

Certified Family Home Program

Certified Family Homes (CFH) provide a safe, family-style living environment for adults who need some assistance with the activities of daily living, but do not require a more restrictive institutional setting. There are usually one or two adult residents in a CFH.

The CFH Program ensures that services are provided in a safe, homelike environment where residents can receive the appropriate services and supports to promote their health, dignity, personal choice, and community integration. This program provides a safe and stable residence for more than 3,200 individuals in over 2,200 homes across the state.

Developmental Disabilities Agency/Residential Habilitation Agency Certification Program

This program ensures developmental disability services and residential habilitation supported living services are provided in accordance with state law and rules, reflecting national best practices.

Developmental disability agencies are privately owned entities that are certified by the state to provide services to adults and children with developmental disabilities on an out-patient basis. There are 71 developmental disabilities agencies operating 149 business locations throughout the state.

Residential habilitation agencies are privately owned entities that are certified by the state to provide services to adults. They consist of an integrated array of individually-tailored services and supports. These services and supports are available to eligible participants and are designed to assist them in living successfully in their own homes, with their families, or in an alternate family home. There are 57 residential habilitation agencies operating 92 businesses throughout the state.

Residential Assisted Living Facility Program

This program ensures that businesses that provide residential care or assisted living services to Idaho residents comply with state statute and rules. In Idaho, the residents of residential care or assisted living facilities include 60 percent private pay residents and 40 percent Medicaid participants. Of the residents admitted to these facilities, 49 percent are elderly, 31 percent have Alzheimer's/dementia, 12 percent have a mental illness, 4 percent have a developmental disability, and 4 percent have a physical disability or other need for assisted care.

There are 287 licensed residential care or assisted living providers operating in 352 facilities in Idaho, representing approximately 9,000 beds. Facilities range in size from six to 152 beds and may have more than one facility per campus location. The program enforces compliance with state rules and works closely with residents, families, partners in the industry, advocates, other governmental agencies and stakeholders to ensure safe and effective care to residents.

The program provides consultation, technical assistance, and education to improve compliance and promote better health outcomes. This work is accomplished through a number of activities, including survey activity (e.g., initial, re-licensure, and follow-up surveys), complaint investigations, maintaining a web site with tools and resources for the facilities, a quarterly newsletter highlighting best practices with a focus on special concerns, online courses, and partnering with industry groups to provide in-person training sessions.

Division of Family and Community Services

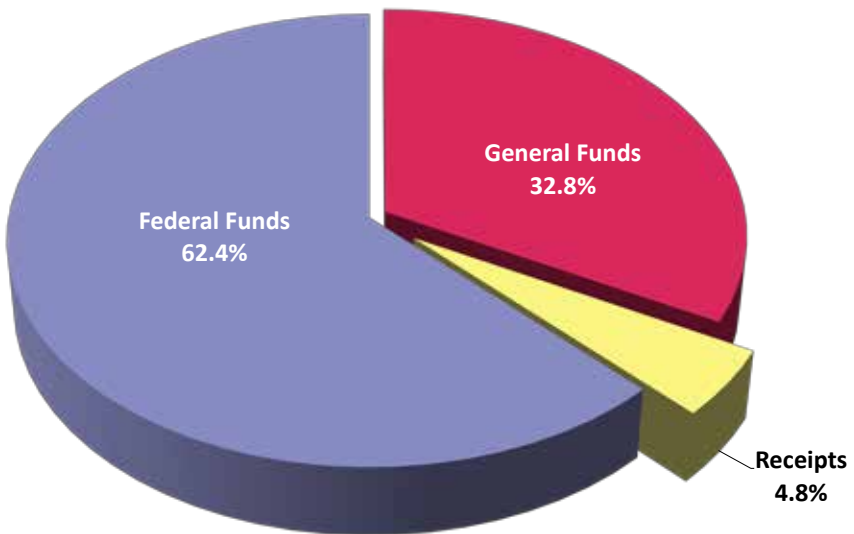
Russell Barron, Acting Administrator, 334-5680

The Division of Family and Community Services (FACS) directs many of the department's social and human service programs. These include child protection, adoption, foster care, developmental disabilities, and screening and early intervention for infants and toddlers with developmental delays or disabilities.

FACS also provides navigation services, which connect individuals and families in crisis situations with services to stabilize their lives. FACS programs work together to provide services that focus on the entire family, building on family strengths while supporting and empowering families.

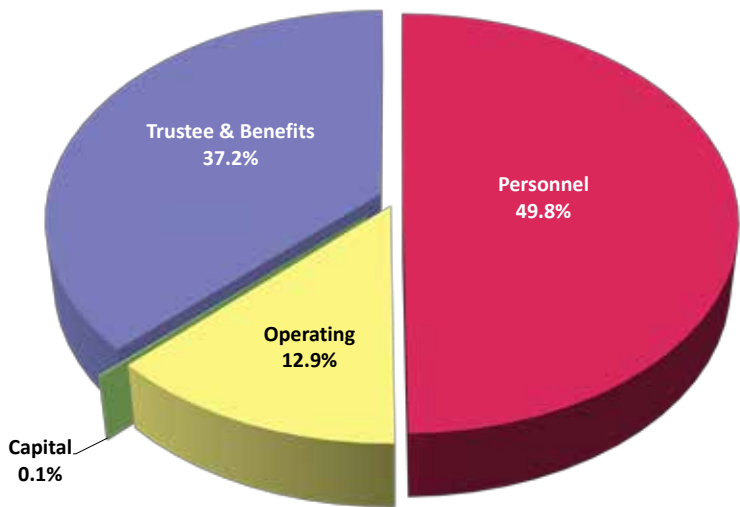
Southwest Idaho Treatment Center (formerly Idaho State School and Hospital) is also administered by FACS. This facility provides residential care for people with developmental disabilities who experience severe behavioral or significant medical complications.

FACS SFY 2015 Funding Sources



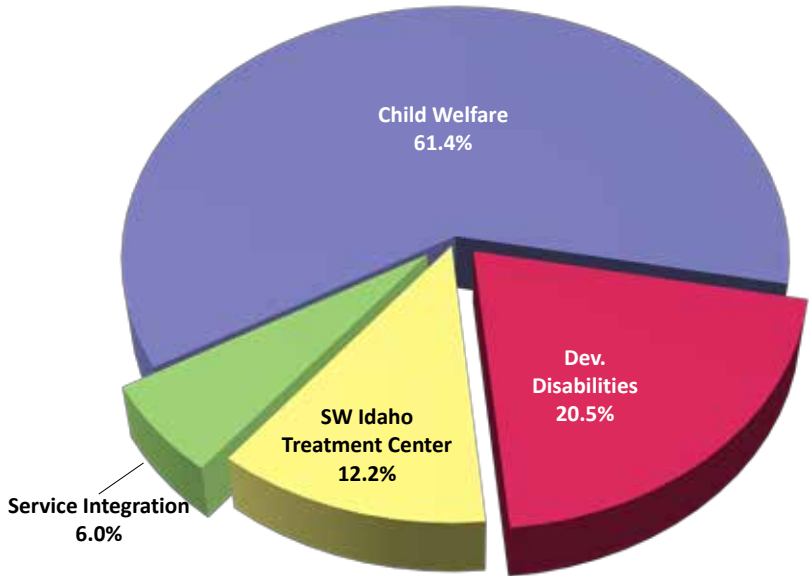
Authorized FTP: 778.46; Original Appropriation for 2015: General Funds \$32.2 million, Total Funds \$97.9 million; 3.9% of Health and Welfare funding.

FACS SFY 2015 Expenditure Categories



Note: Personnel costs account for a greater share of expenditures in FACS because of the nature of community-based, client-focused services and 24-7 staffing levels required at Southwest Idaho Treatment Center.

FACS Spending by Program



Note: Child Welfare includes Child Protection, Foster Care, and Adoption. Almost half of Child Welfare expenses are for Foster Care/Adoptive assistance payments to families and providers.

SFY 2014 FACS Division Highlights

• Enhanced Child Safety Practice

Child welfare social workers, supervisors and managers from across the state worked with the National Resource Center for Child Protection to enhance the Idaho Child Welfare safety practice model. The enhancements will help child welfare social workers better assess when to intervene with families. Intervention should only occur when a dangerous condition clearly threatens the safety of the children in the home. Child Welfare staff from across the state have completed initial training on the improved practice model.

• Title IV-E Waiver

Idaho was approved for a Title IV-E Waiver which begins January 2015. Title IV-E Child Welfare waivers provide states with an opportunity to use federal funds more flexibly to implement practices that assure child safety, help children in foster care move to safe, permanent homes quickly, or to improve the well-being of children both in foster care or at risk for entering foster care.

Idaho's waiver interventions include:

- Training child welfare workers to better assist children who have experienced trauma;
- Methods to assess the effects of trauma on children who have been abused or neglected;
- Statewide adoption of an evidence-based parenting education model called Nurturing Parenting, and the expanded use of Family Group Decision Making which involves extended family in planning and decision making; and
- Other supports in the resolution of child welfare cases.

The waiver interventions, combined with the flexible use of federal dollars, should result in better outcomes for families, with more children being safely served without removing them from their homes. For children who must be brought into foster care, they should experience fewer moves between foster families and be more quickly reunified with their parents or moved to permanent adoptive homes in a more timely manner. Child trauma and related behaviors will be addressed resulting in less intensive and expensive care, and more importantly, increased health, safety, independence and success for children and families.

Federal waiver funding and interventions come with a strict evaluation component so Idaho will be contributing to the growing body of evidence surrounding what works in child welfare.

- **Guardian Scholars**

Boise State University and Idaho State University are the first in a statewide effort to partner with Child and Family Services to develop the Guardian Scholars program. The Guardian Scholars program provides wrap-around support to foster youth enrolled in college or other higher education settings. With the support of the program, youth stay in school longer with the goal of more foster youth graduating with a skill or a degree. The success of this program is generating interest and connections with the other Idaho universities and colleges. Monthly conference calls are held with four of Idaho's colleges to share success stories and challenges.

- **Centralized Intake**

The Centralized Intake unit began taking calls for the entire state on October 1, 2012. Calls of possible abuse or neglect are now taken on a 24/7 basis by calling 885-552-KIDS. The transition to centralized intake has moved smoothly and has standardized practices around the state.

From October 2012 through August 2013, central intake received 42,136 calls. Approximately 70 percent of these calls were answered immediately. The remaining 30 percent of callers either experienced a wait time of less than three minutes or chose to be called back. Of those who waited on the line, only three callers waited longer than three minutes to talk to an intake worker.

- **Children's Developmental Disabilities Benefit Redesign**

The children's developmental disabilities program completed implementation of the new redesigned services with all children transitioning on or before July 1, 2013. No child experienced a lapse in services during the transition. The new services, under both the traditional and family directed service models, are meeting the needs of children and families. In a random sample of 528 parents, 98 percent reported overall satisfaction with services, with 95 percent reporting the service plan works to achieve the goals they have for their child.

- **Southwest Idaho Treatment Center (SWITC)**

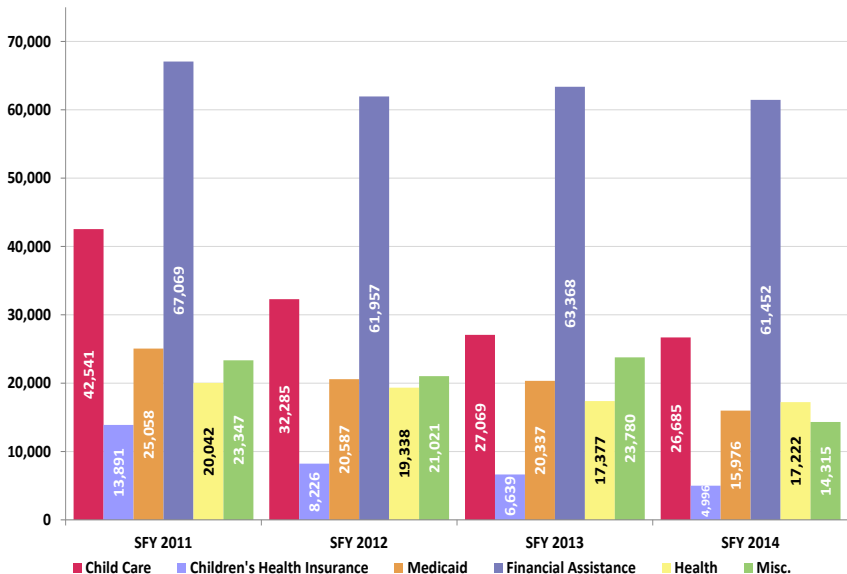
The census at SWITC, a residential care facility for people with disabilities, continues to decline as people choose to receive services in their communities, enabling them to maintain close connections with their families and friends. The SWITC mission is to provide training and supports to individuals so they can return to a community residential option as soon as possible. In addition to the Nampa facility, SWITC maintains a six-bed residential facility in north Idaho. This small facility allows residents with disabilities to maintain closer connections to their families and friends when a crisis dictates that they need short-term, facility level of care without having to travel to southwest Idaho.

2-1-1 Idaho CareLine

The Idaho CareLine is a statewide, bilingual, toll-free information and referral service linking Idaho citizens to health and human service resources. 2-1-1 was created through a national initiative for an easy-to-remember, three-digit phone number for the sole purpose of providing confidential access for callers to obtain health and human services information. In 2002, the Idaho CareLine was designated as the statewide 2-1-1 call center in Idaho to connect those in need with local community resources.

During SFY 2014, CareLine participated in 44 community outreach events and promoted various DHW and community campaigns designed to increase the health, stability and safety of Idahoans. CareLine introduced text messaging capability on April 1, 2014. Since two-way text messaging became available, CareLine has received 305 texts from 72 unique phone numbers and has sent out 449 responses. CareLine has also added the ability for patrons to text and receive a complete list of Summer Food Service Program locations for their area. The most common text inquiries include local food and housing resources, Navigation services, and child care resources.

Number of Calls Received by Idaho CareLine



Idaho CareLine facilitated 140,646 information and referral contacts during SFY 2014. CareLine exceeded the federal government standard for answering 80 percent of calls within 60 seconds, attaining 83.7 percent.

CareLine currently has 4,403 active programs/agencies which provide resources listed in its database. These resources can be accessed by calling 2-1-1 Monday through Friday, 8 a.m. to 6 p.m. MST; through the CareLine website at www.211.idaho.gov or www.idahocareline.org; or by texting CareLine at TXT211. Additional information can be found by visiting 2-1-1 on Facebook and Twitter. Emergency and crisis referral services are available after hours. The 2-1-1 Idaho CareLine can be reached by dialing 2-1-1 or 1-800-926-2588.

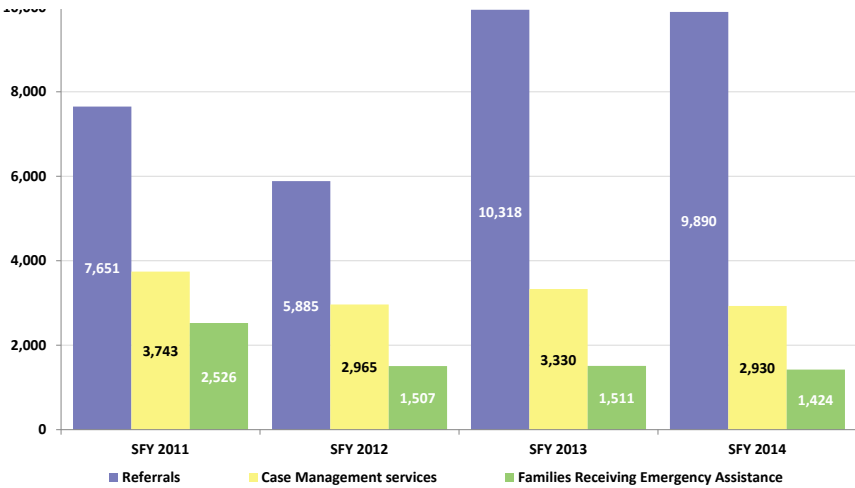
Resource and Service Navigation

Resource and Service Navigation identifies and develops resources to support struggling families so they can achieve long-term stability through the use of customized service plans focused on family strengths and community supports. Navigators work with individuals, children and families for up to 120 days to help them achieve their goals for long-term stability, well-being, health and safety.

During SFY 2014, Navigation served 9,890 individuals, families and children throughout Idaho, providing case management services to 2,930 and emergency assistance to 1,424 families. Navigation services distributed \$1.24 million in emergency assistance and career enhancement support, while leveraging \$233,200 in community support. For every state dollar spent, 19 cents in community funds were raised on behalf of families in Idaho.

SFY 2014 was the fifth year of the Idaho KinCare Project. Currently there are more than 29,000 children in Idaho being raised by relatives. Navigation, in partnership with the Corporation for National and Community Services, utilized VISTA service members across the state to assist approximately 15,000 KinCare families. Additionally, Navigation received \$50,000 from Casey Family Programs to serve Idaho KinCare families. Governor Otter proclaimed July 18, 2014 as Idaho KinCare Family Day, with celebrations held throughout the state.

Service Navigation Referrals, Cases and Assistance



The decrease in referral numbers in SFY 2012 is the result of a change in caseload tracking requirements. The issue was reconciled for SFY 2013, which shows a more accurate representation of families being served.

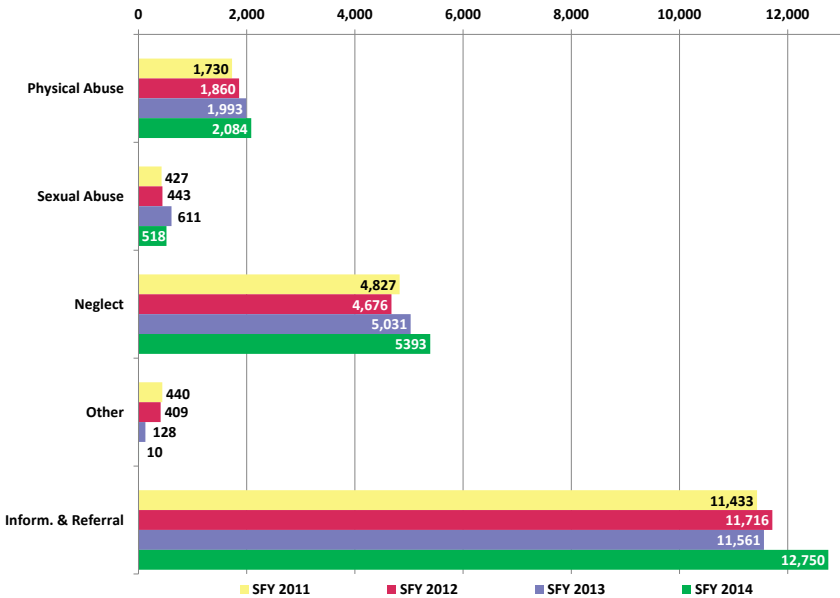
Child and Family Services

Child and Family Services is responsible for child protection, foster care, adoption, independent living for youth transitioning from foster care to adulthood, as well as compliance with the Indian Child Welfare Act. The program also licenses homes and facilities that care for foster children, monitors and assures compliance with the federal Title IV-E foster care and adoption funding requirements, and manages the Interstate Compact on the Placement of Children.

Child Protection

Child and Family Services assesses each report it receives about possible child abuse, neglect or abandonment to determine if there are any threats to the safety of a child. Social workers and families work together to ensure the child's safety can be maintained in their homes. If the child's safety cannot be managed with the child at home, the child may be removed by law enforcement or a court order. When children are removed, social workers continue to work with the family to return the child to the home as soon as it is safe for them to do so.

Child Protection and Prevention Referrals



Note: In SFY 2014, there were 8,005 child protection referrals from concerned citizens, up from 7,763 in SFY 2013. There were an additional 12,750 calls from people seeking information about child protection. Frequently, these are referred for services in other divisions or agencies. "Other" includes prevention work by social workers for homeless families, voluntary service requests, and emergency assistance. "Neglect" includes abandonment, third-party referrals, court-ordered investigations, failure to protect or supervise, health hazards, and Rule 16 Child Protection Expansions.

Foster Care

Foster care is a critical component of the state's child welfare services. Resource families (foster, relative, and adoptive families) provide care for children who have been abused, neglected or abandoned and are unsafe in their own homes.

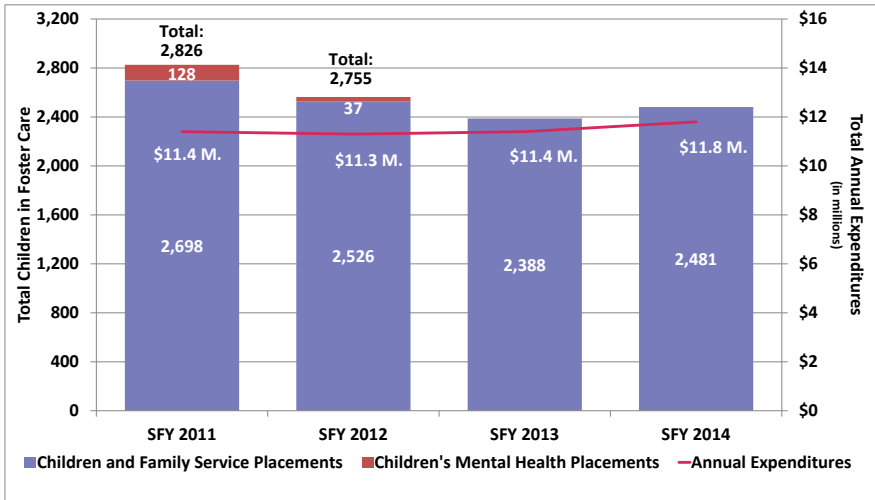
Whenever possible, relatives of foster children are considered as a placement resource and may be licensed as resource parents. Relatives can be important supports to the child, the child's parents, and the resource family.

Child and Family Services manages out-of-home placements to:

- Assure the child will be safe;
- Minimize harm to the child and his family;

- Provide services to the family and the child to reduce long-term negative effects of the separation; and
- Allow for continued connection between the child, his family, and the community.

Children Placed in Foster Care and Annual Expenses



Note: This chart shows total number of children served annually. On June 30, 2014 there were 1,293 children in state care. On June 30, 2013, there were 1,324 children in care.

Knowledgeable and skilled resource families and other care providers are integral to providing quality services to children placed outside their family homes. Licensing processes and requirements are designed to assess the suitability of families to safely care for children.

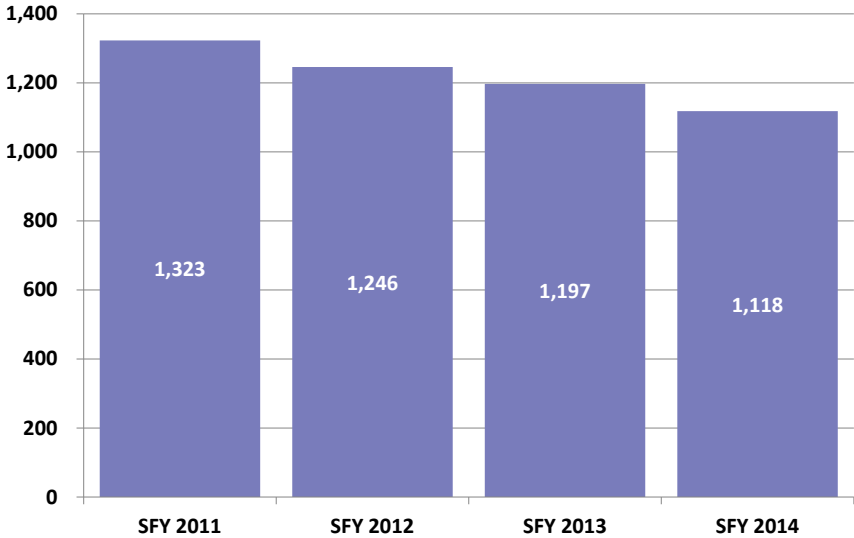
Resource families work with children and their families with the goal of reunification as soon as the issues that required placement are resolved. When a child's family is unable to make changes that assure a child's safety, the resource family may become a permanent placement for a child.

Treatment foster care is available to children who have complex needs that go beyond what general resource parents provide. Treatment foster parents have additional training and experience that prepares them to care for children with special needs. Working in collaboration with a treatment team, treatment foster parents provide interventions specific to each child to develop skills and prepare them to be successful in a less restrictive setting.

The need to recruit and retain resource families is critical. A total of 2,481 children were placed in foster care during SFY 2014. There continues to be

a need for resource homes that can provide care to sibling groups, older children, or those with emotional and behavioral issues. More resource parents of Hispanic and Native American heritage are also needed.

Licensed Resource Homes



In order to meet the growing need for additional resource parents, local recruitment and training efforts are conducted in every service area of the state. Idaho has implemented a Recruiter Peer Mentor Program, which uses seasoned resource parents to recruit and mentor interested families. Local recruitment efforts through the Peer Mentor Program also focus on developing and publicizing the need for resource parents through multi-cultural events, fairs, and community organizations.

Child and Family Services, in partnership with local universities, uses the Parent Resources for Information, Development and Education (PRIDE) program throughout Idaho to train and evaluate potential resource families' parenting skills and techniques to care for children who have been abused or neglected. PRIDE classes show interested families what they can expect as resource parents. These classes are offered on a regular basis in each service area. PRIDE has been shown to help families meet the needs of foster and adoptive children.

Independent Living

Idaho's Independent Living Program assists foster youths in their transition to adult responsibilities. Independent Living funding accesses supports and services for employment, education, housing, daily living skills and personal needs.

During SFY 2014, 518 youths ages 15 to 21 were served by the Independent Living Program. This includes 69 youths who reached the legal age of adulthood (18 years) while in foster care.

To help foster youths transition to adulthood and provide educational opportunities, the Education and Training Voucher Program provides up to \$5,000 per year. The voucher is available to youths who have been in foster care after the age of 15 and have received a high school diploma or GED. During SFY 2014, 36 youths participated in the program at colleges, universities, technical schools and other institutions of higher education.

Older youths often experience barriers to success after leaving foster care. Currently, in partnership with the federal Administration for Children and Families, Idaho will collect service and outcome information about and from youths for several years after they leave foster care. This data will assist in determining what services are more successful in achieving positive outcomes for youths.

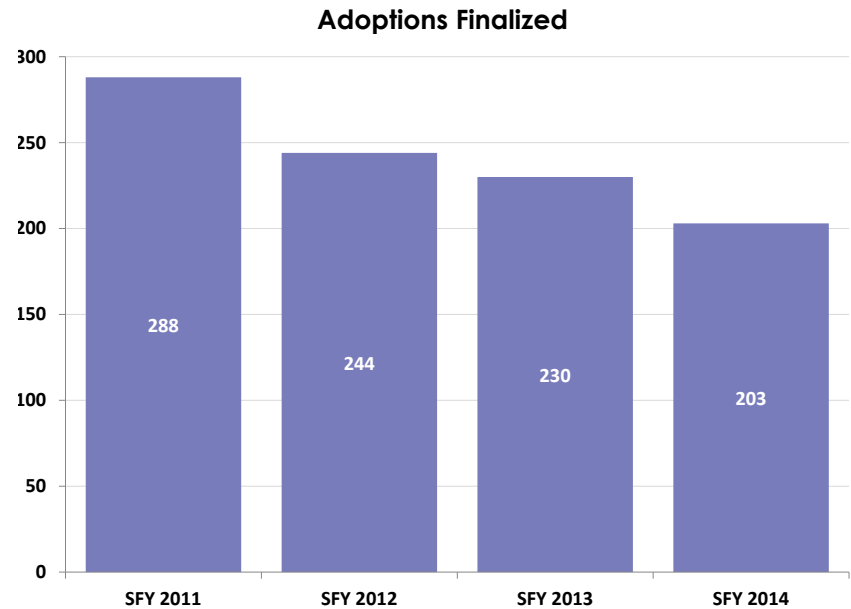
Adoption

Children and Family Services provides adoption services for children in foster care whose parents' rights have been terminated by the court. In most cases, Idaho children adopted from foster care have special needs. These children may be part of a sibling group who must stay together or are children who have physical, mental, emotional, or medical disabilities. Some children may be older, but still need a permanent home through adoption.

The department's goal is to find a family that can best meet an individual child's needs within 24 months of the child entering foster care. To help meet this goal, DHW has revised the process to approve families for adoption, making it easier for current foster families to adopt.

Families who adopt children with special needs are eligible to apply for either federal or state adoption assistance benefits. These benefits help subsidize the expenses associated with finalizing an adoption and the cost of parenting a child who has special needs.

The number of children adopted from foster care in SFY 2014 was 203. At the state and local levels, DHW and the courts work closely to improve monitoring and processes to reduce delays and help children have safe, caring, stable and permanent families.



Monthly Adoption Assistance SFY 2013		
Adoption Assistance	Number of Children	Average Monthly Payment
Federal IV-E	1,931	\$320
State	<u>322</u>	\$265
Total	2,253	

Developmental Disabilities Services

The Developmental Disabilities Program manages and delivers services for people with developmental disabilities, ranging in age from infants to senior citizens. Through partnerships with community members, the program has service choices available for consumers and their families, allowing them to strive for self-direction and full participation in their communities.

Idaho Infant Toddler Program

The Idaho Infant Toddler Program (ITP) coordinates early intervention services for children from birth to 3 years of age with developmental delays or disabilities. The ITP program works closely with parents and partners with public agencies and private contractors to enhance each child's developmental potential. Services are provided through a team approach with a primary professional coaching the family.

The four most frequently provided services are:

1. Speech/language therapy;
2. Family education (special instruction);
3. Occupational therapy; and
4. Physical therapy.

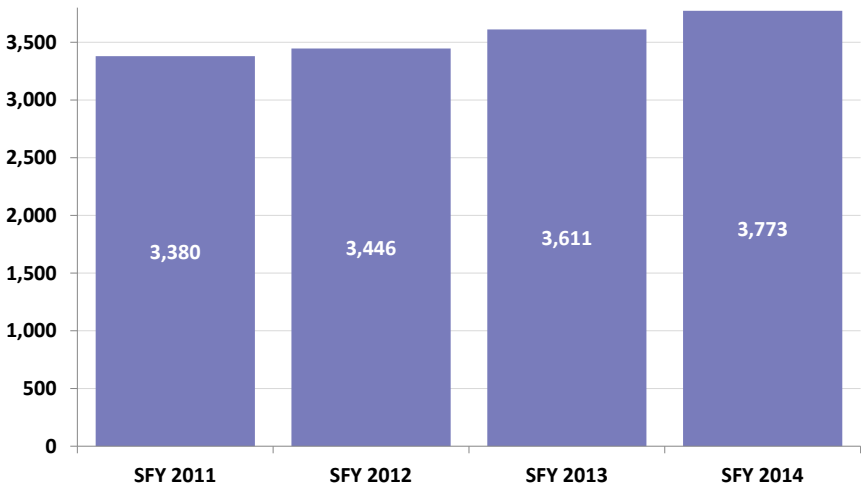
Services are delivered according to an Individual Family Service Plan. Teams statewide provide evidence-based services including teaming, natural environment learning practices, and coaching families. Teams engage families to actively promote children's learning. Family feedback about the team approach and coaching continues to be favorable and produces positive outcomes.

Children served by the program are referred for a variety of reasons, including diagnosable conditions that result in delays or disabilities. Eight percent of children referred for evaluation have been involved in substantiated cases of neglect or abuse. Twenty-nine percent of children found eligible for services were born prematurely.

During SFY 2014, the program served 3,773 children and their families. Efforts to identify children who have delays or disabilities for outreach and screening services continues to be a priority for the program. Region specific outreach strategies and online screening by parents has resulted in a steady increase in the number of timely referrals for three consecutive years. The increase in referrals provides the program with the opportunity to provide services to young children who need them the most, providing a life-long impact on their quality of life.

The Infant Toddler Program received full SFY 2014 grant approval and the program also maintained the successful federal rating of "Meets Requirements."

Children Served in the Infant Toddler Program



Children's Developmental Disability Service Utilization

The Children's Developmental Disabilities Program successfully completed implementation of the new redesigned services with all children transitioning by July 1, 2013. No child experienced a lapse in service during the transition. The redesigned program offers an array of services designed to meet the needs of children with developmental disabilities and their families, under both the traditional and family directed models. A total of 2,528 children are currently receiving developmental disability services, with 431 receiving services under the family directed program. The program continues to focus on providing quality services to children by emphasizing evidenced-based practices, ensuring families are included in making decisions for their child and working towards consistency across the state.

Crises Prevention Team

The FACS Crises Prevention Team provides training, technical assistance, and consultation to families and agencies who support individuals with a disability who are at risk of a community placement disruption due to a behavioral, mental health or medical crisis. As a first priority, the team assists in maintaining the individual in their community. If that is not possible, the team assists in locating another community placement option which can meet the needs of the individual. As a last resort, a placement referral may be made to Southwest Idaho Treatment Center.

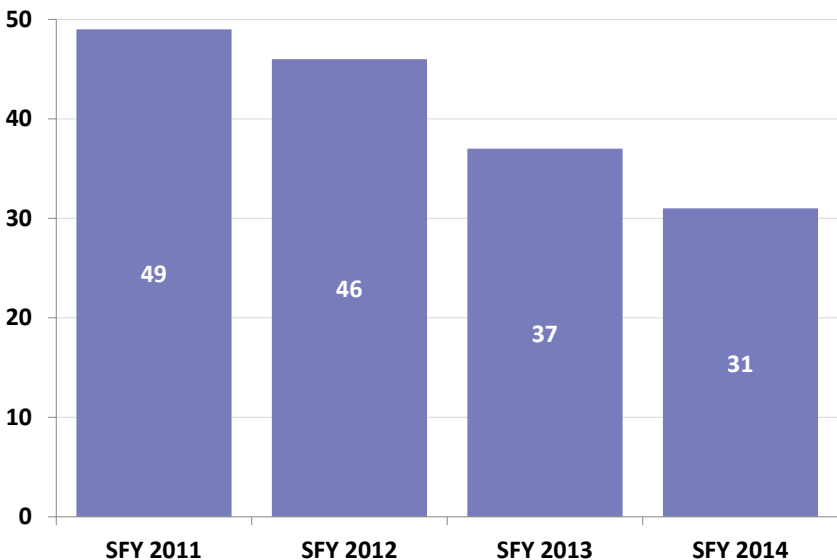
Southwest Idaho Treatment Center

(Formerly Idaho State School and Hospital)

Dana Wilhite-Grow, Acting Administrator, 442-2812

The Southwest Idaho Treatment Center's (SWITC) mission is to provide assessment, training, and treatment to individuals until they can be transitioned back into their communities. SWITC collaborates with community partners to ensure individuals can be integrated back into their community as soon as possible. The combined efforts of the Crisis Prevention Team in maintaining community placements, and SWITC in systematically supporting people to move back into their communities, has resulted in a continual decline in the SWITC resident census to a population of 25 in the Nampa facility as of July 1, 2014.

SWITC Average Monthly Census



In addition to the Nampa facility, SWITC maintains a six-bed residential facility in north Idaho called the Kyler House. The small facility in Hayden allows north Idahoans with disabilities to maintain closer connections to their families and friends when a crisis dictates that they need short-term, facility-level of care. The census of SWITC-Kyler was six people as of July 1, 2014.

Although the primary service at SWITC-Kyler is residential care, the Crisis Prevention Team occasionally requests crisis placement for individuals

who may not require institutional level of care or only need limited services for stabilization.

There are four options available at SWITC and SWITC-Kyler for crisis services:

1. Respite services which are limited to 14 calendar days;
2. Stabilization with a community placement option already identified with a maximum stay of 30 days;
3. Competency restoration with a stay sufficient to complete the training and determine if competency can be achieved; and
4. Court-committed individuals who are not eligible for an Intermediate Care Facility for Intellectually Disabled (ICF/ID), but who have no other placement option identified.

The service time limits are sometimes exceeded because community placement options do not always remain available.

Idaho lacks a secure facility for individuals with developmental disabilities who engage in felony behaviors. The biggest challenge faced by the Crises Prevention Team and SWITC is the residential placement and treatment requirements when these individuals are committed to the department. If an individual is not eligible for ICF/ID level of care, the only current option is a crisis placement which can be lengthy, expensive and must be paid with state general funds.

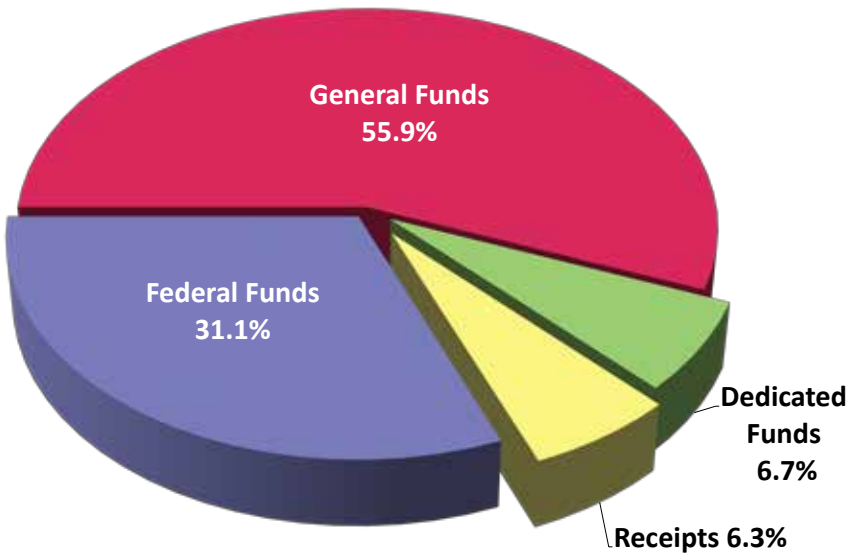
Division of Behavioral Health

Ross Edmunds, Administrator, Phone 334-6997

The Division of Behavioral Health helps children, adults and families address and manage personal challenges resulting from mental illnesses and/or substance use disorders. The division recognizes that many people suffer from both a mental illness and substance use addiction and is integrating services for these co-occurring disorders to improve outcomes. Services accessed through the division are consumer-driven and prevention-oriented.

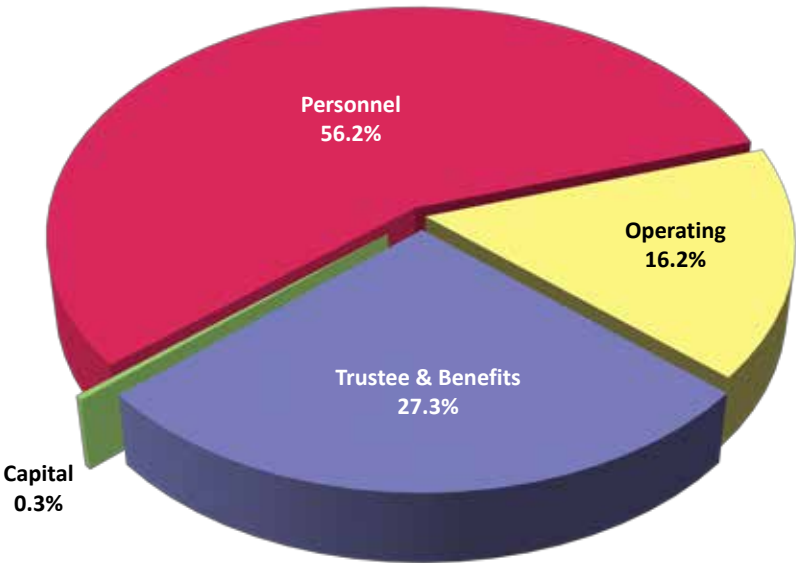
The division is comprised of the Children and Adult Mental Health programs, and the Substance Use Disorders program. The division also administers the state's two psychiatric hospitals for people with serious and persistent mental illnesses, State Hospital North and State Hospital South.

Behavioral Health SFY 2015 Funding Sources

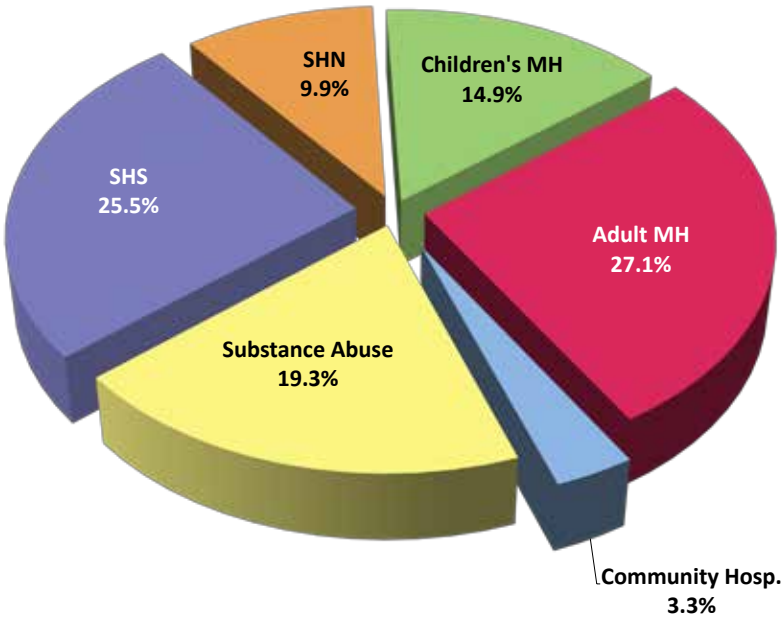


Authorized FTP: 666.1 Original Appropriation for SFY 2015: General Funds \$47 million, Total Funds \$84 million; 3.3% of Health and Welfare funding.

Behavioral Health SFY 2015 Expenditure Categories



Behavioral Health SFY 2015 Appropriation by Program



SFY 2014: Division of Behavioral Health Program Highlights

The Division of Behavioral Health is dedicated to promoting quality services that are innovative and evidence-based. The division engages in a variety of special initiatives each year to advance the service delivery system. Special initiatives in SFY 2014 included:

Transforming Idaho's Behavioral Health System

The 2014 Idaho Legislature continued Idaho's behavioral health system transformation with legislation that allows for some of the leadership of the behavioral health system to occur at the community level and implements a regional process to develop and deliver family support and recovery support services. Examples of these services include housing, transportation and other essential services not covered by insurance plans.

Under a transformed and unified behavioral health system, the mental health and substance use disorder systems are being integrated and behavioral health boards are being established in each region. The new Regional Behavioral Health Boards will have greater local influence over their behavioral health systems and the opportunity to contract with the state to deliver family support and recovery support services in their areas.

Transformation legislation also modified the existing State Mental Health Planning Council to become the State Behavioral Health Planning Council, which includes representation from the substance use disorder and prevention communities. Additionally, the legislation created an Idaho Behavioral Health Cooperative to advise the behavioral health system on issues related to individuals with unmet treatment needs.

Education Loan Repayment for State Hospital Staff

The 2014 Idaho Legislature passed I.C. 67-5339 to establish an education loan repayment program for physicians, mid-level practitioners, and psychologists working at the two state psychiatric hospitals. The hospitals have historically faced challenges in recruiting and retaining providers while trying to compete with the private sector, where salaries are often significantly higher and employers offer large recruitment bonuses which include loan repayment programs. Additionally, the other state and federal loan repayment programs available to medical professionals are typically not available to employees of state psychiatric hospitals. The new law is already having an impact -- State Hospital North was able to hire a psychiatrist, a position previously vacant for more than a year.

Behavioral Health Crisis Center is established in Idaho Falls

During the 2014 Legislative session, lawmakers appropriated \$1.52 million in ongoing state general funds and \$600,000 in one-time federal money for a regional behavioral health crisis center. Idaho Falls was selected in June 2014 as the site of the first center.

When operational, the crisis center will serve Idahoans experiencing a behavioral health crisis who previously were often incarcerated or treated in hospital emergency rooms. As an alternative, the crisis center will provide them with a place to go voluntarily to help them stabilize, develop a treatment plan, and access linkage to ongoing services. The crisis center will be modeled on the best practices of other states where similar crisis centers have succeeded.

The division is hopeful that positive outcomes for Idahoans in crisis will encourage the development of additional crisis centers to serve other areas of the state in the future.

Quality Assurance for the Medicaid Idaho Behavioral Health Plan

The division's Quality Assurance staff works closely with the Division of Medicaid to monitor the contract for the Medicaid Idaho Behavioral Health Plan (IBHP). The IBHP contractor, Optum Idaho, began using managed care processes in September 2013. Quality assurance and quality improvement strategies are being used to assess the behavioral health services provided to Medicaid members through the IBHP to ensure they are high quality, client- and family-centered, recovery-focused, and outcomes-driven. The focus of quality assurance in SFYs 2013-2014 has been on utilization management, network development and member rights.

Web Infrastructure for Treatment Services (WITS) Implementation

All state-funded Substance Use Disorder (SUD) providers now use a single unified electronic health record called the Web Infrastructure for Treatment Services (WITS), which was fully implemented across the SUD network in October 2013. WITS is a web-based electronic health record that allows providers to receive electronic referrals and authorizations from DHW and other agencies, including the Idaho Department of Correction, Idaho Supreme Court, and the Idaho Department of Juvenile Corrections. The WITS system tracks claims, electronically bills funding sources, records client treatment data and satisfies the mandatory government reporting requirements. The implementation of WITS across all agencies and providers resulted in a cohesive SUD network in which clients receive timely treatment.

With the implementation of WITS came a change in how SUD data was collected and reported. Before the implementation of WITS, SUD data was collected by a managed services contractor. Data is now collected through the WITS system itself.

Recovery Coaching

The division sponsored Idaho's first recovery coach training in May 2013. Since then, more than 200 recovery coaches have been trained, with coaches now located in every region of the state. Recovery Coaches act as personal guides and mentors for individuals who are working toward recovery from alcohol and substance use. Coaches help others overcome personal and environmental obstacles to recovery, linking them to community sources of support.

During the past year, Idaho has also trained 24 Recovery Coach trainers and introduced an ethical training for Recovery Coaches. In mid-February 2014, the Idaho Board of Alcohol/Drug Counselor Certification (IBADCC) agreed to develop a credential for individuals who would like to become certified Recovery Coaches. Recovery Coaches are eligible for reimbursement if they are working with a substance use disorder treatment provider for DHW populations only. The Recovery Coach certification will be a step toward Recovery Coaches being eligible for compensation through other state agencies and payors.

Certified Peer Specialists/Family Support Specialists

The division supports the use of Certified Peer Specialists as a qualitative and cost-effective way to extend the mental health workforce in Idaho. Certified Peer Specialists have lived experiences and/or training with mental health and substance use diagnoses. This lived experience helps them to model recovery and resilience to people who receive their services. From February 2009 through June 2014, a total of 176 individuals have completed training and passed the certification exam to qualify as Certified Peer Specialists.

Certified Peer Specialists are employed in several Idaho programs that includes conducting Projects for Assistance in Transition from Homelessness (PATH) outreach; serving on Assertive Community Treatment (ACT) teams with Regional Mental Health Programs; providing support at State Hospital South; providing Critical Time Intervention (CTI) services through the Idaho Home Outreach Program for Empowerment (ID-HOPE); and as of this past year, providing peer support services at private agencies associated with Idaho's managed care entity, Optum Idaho.

In June, the division finalized Idaho's first set of Peer standards for Peer Specialists, Family Support Specialists, and Peer Recovery Coaching. This recent set of standards represents national awareness and evidence-based practice by which Idaho's certification process and workforce growth will be addressed in the coming year. The division also will be partnering with stakeholders, community leaders, and advocates to select a curriculum for Family Support Specialist training as well as establish a single certification entity.

Recovery Idaho

Using grant funding, the division hosted a workshop in March 2014 to lay the foundation for a Recovery Community Organization (RCO) named Recovery Idaho. Behavioral Health stakeholders from every region of the state attended the workshop and worked with two facilitators who established the Connecticut Community for Addiction Recovery (CCAR) RCO. During the workshop, attendees developed the name Recovery Idaho, drafted a mission statement and core values, established a workgroup to finalize a mission statement and identified initial board members. In the months that followed, the Recovery Idaho board added members, nominated officers and continued its work toward becoming a 501(c)(3) nonprofit. Recovery Idaho's mission is focused on advocating and providing community-based recovery support services for those seeking long-term recovery from a substance use disorder or mental illness, as well as their friends, families and allies. Recovery Idaho will be an independent statewide organization that could serve as an umbrella group responsible for the Recovery Coach training program and the operation of Recovery Community Centers.

Idaho Suicide Prevention Hotline (ISPH)

The division continues to support and fund the efforts of the Idaho Suicide Prevention Hotline (ISPH) operated by Mountain States Group through a contract. The ISPH is now in its second full year and became nationally accredited by Contact USA in December 2013. ISPH recently has expanded its training curriculum from 34 to 42 hours, with four staff certified as in-house Applied Suicide Intervention Skills Training (ASIST) trainers. The hotline also has ambassadors to conduct statewide outreach. From the hotline's launch in November 2012 through June 2014, the call center fielded 1,135 calls from people in crisis. In addition, hotline volunteers conduct follow-up activities with callers who consent to additional contact; currently the hotline successfully follows up with 42 percent of the callers. The hotline expanded hours of operation to 24/7 in November 2014.

Children's Mental Health Services

The Children's Mental Health program is a partner in the development of a community-based system of care for children with a Serious Emotional Disturbance (SED) and their families. While most children are referred to private providers for treatment services, the program provides crisis intervention, case management and other supports that increase the capacity for children with an SED and their families to live, work, learn and participate fully in their communities.

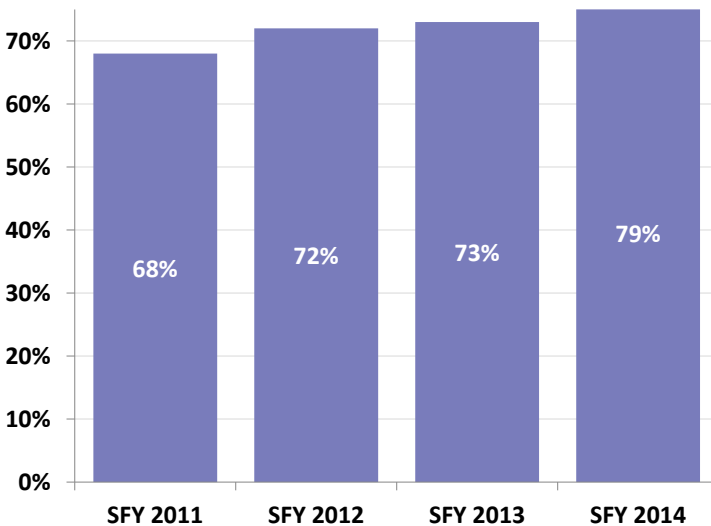
Parents and family members play an essential role in developing the system of care. They are involved in all levels of development, from their

own service plans to policies and laws. Without parental involvement and the support to sustain their involvement, the system of care would not be able to achieve positive outcomes for children and their families.

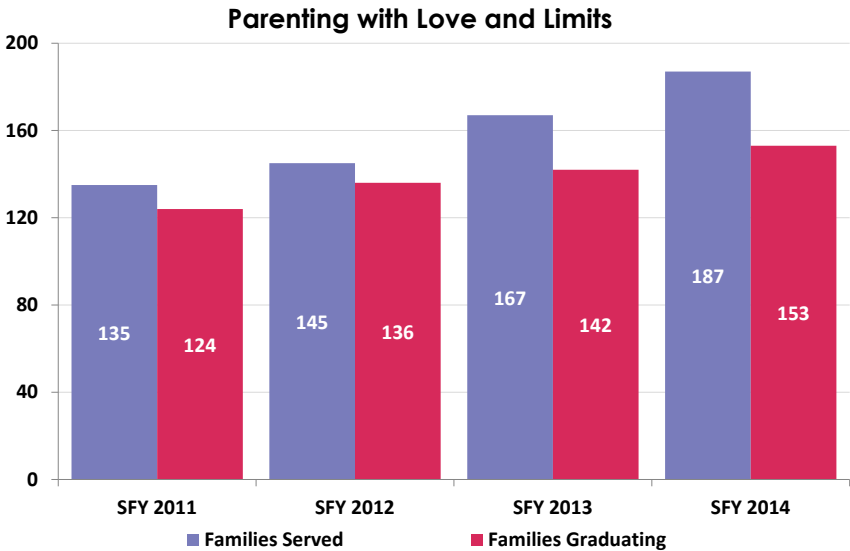
The Child and Adolescent Functional Assessment Scale (CAFAS) is used as an eligibility and outcome measure in youth qualifying for, and receiving services from, Children's Mental Health. This behaviorally based instrument is backed by extensive research supporting its validity and sensitivity to measure change.

The CAFAS tool measures functioning across a variety of life domains, including home, school and community. Participants receive a CAFAS during their initial assessment, during treatment plan reviews and at case closure. Nearly 80 percent of youth receiving two or more CAFAS scores have demonstrated improved functioning during the past year. Of those, 92 percent demonstrated meaningful and reliable improvement with a score change of 20 points or more.

Improved Functioning Measured by CAFAS



The Children's Mental Health program continues to provide Parenting with Love and Limits (PLL) statewide. PLL is an evidence-based program that has been shown to be effective in treating youth with disruptive behaviors and emotional disorders. The annual evaluation continues to demonstrate positive outcomes that are consistent with national PLL programs. Idaho's program showed improvement in functioning and reduced the time a youth and family receive services from the Children's Mental Health program. More than 40 percent of families have their cases closed within three months of completing PLL services, compared to an average length of service of 12 months for non-PLL families.



PLL youth showed significant reductions in negative behaviors as measured by the Child Behavior Checklist instrument. Initial data analysis indicates negative behaviors declined in the domains of aggressive behaviors, rule breaking, conduct disorder, oppositional defiant behaviors, externalizing behaviors and internalizing behaviors. The rate of graduation from PLL this past year was more than 80 percent, which continues to exceed the 70 percent goal.

DHW continues to work with county juvenile justice, magistrate courts, the Idaho Department of Juvenile Corrections and parents in situations involving youth with mental health issues and the courts. Idaho Code Section 20-511A of the Juvenile Corrections Act allows the court to order mental health assessments and plans of treatment if a youth under court jurisdiction is believed to have a serious emotional disturbance. Since its start in 2008, PLL has served a total of 1,024 families in all seven regions statewide.

Children Receiving Mental Health Services

	SFY 2011	SFY 2012	SFY 2013	SFY 2014
Total Children Served	3,490	2,288*	2,468	2,554
Court Ordered 20-511A	237	485	528	600
Parenting with Love and Limits	135	145	167	187
Case Management	1,371	1,117	1,518	1,494
Alternate Care	56	54	49	38

**Consultation services were not fully accounted for due to implementation of new data system.*

Suicide Prevention Services

Idaho and other northwest states historically have some of the highest suicide rates in the nation. From 2009 to 2013, 1,488 Idahoans died from suicide. In 2011, the latest year for comparable state data, Idaho had the eighth highest suicide rate, following Wyoming, Montana, New Mexico, Utah, Alaska, Oklahoma, and Nevada. In 2011, Idaho's rate of 17.9 suicide deaths per 100,000 was 40.9 percent higher than the national rate of 12.7 per 100,000.

In 2013, 308 Idahoans completed suicide, which was a 3 percent increase from 299 suicides in 2012. Among Idaho's 10- to 44-year-olds, suicide was the second leading cause of death in 2013, trailing only accidental deaths, with 139 suicide deaths in this age group.

From a 2013 survey of high school students, 15.8 percent reported seriously considering attempting suicide and 7 percent reported making at least one suicide attempt. Between 2009 and 2013, 67 Idaho adolescents under the age of 18 died by suicide.

Completed Suicide Rate by Age*

Age	<15	15-19	20-64	>64	Total
CY 2009	3.6	8.7	28.3	21.9	19.9
CY 2010	2.6	16.5	24.4	25.2	18.5
CY 2011	NA	23.3	24.2	18.3	17.9
CY 2012	4.2	20.2	25.1	19.8	18.7
CY 2013	2.5	18.5	24.7	25.5	19.1

*Rate per 100,000 population.

Completed Suicides by Age

Age	<15	15-19	20-64	>64	Total
CY 2009	4	10	252	41	307
CY 2010	3	19	219	49	290
CY 2011	0	27	220	37	284
CY 2012	5	23	229	42	299
CY 2013	3	21	227	57	308

Adult Mental Health Services

The needs of Idaho adults who have a mental health diagnosis are diverse and complex. The division works to ensure that programs and services ranging from community-based outpatient to inpatient hospitalization services are available to eligible Idaho citizens. Eligibility includes service to those who are:

1. Experiencing psychiatric crisis;
2. Court ordered for treatment; or

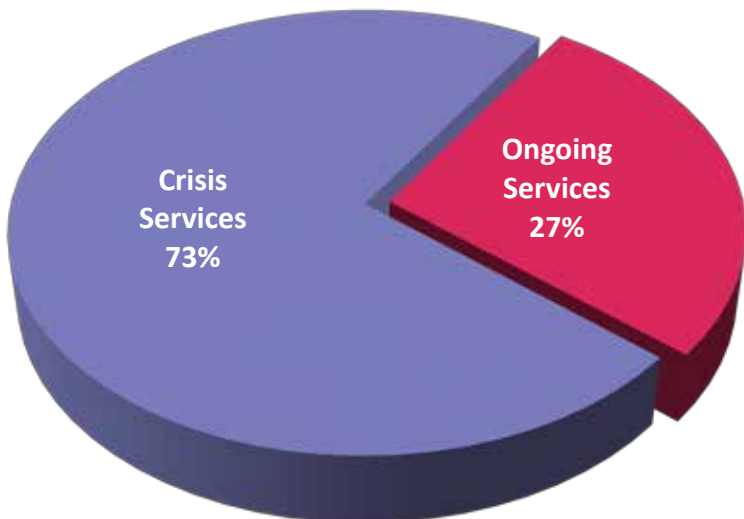
3. Diagnosed with a severe and persistent mental illness with no insurance.

The provision of state-funded mental health treatment to Idaho residents is distributed between seven community-based mental health centers serving all 44 counties in the state. Each community-based mental health center is staffed with a variety of licensed treatment professionals (e.g. psychiatrists, nurse practitioners, social workers, counselors and other mental health workers). Certified peer specialists were hired for regional Assertive Community Treatment (ACT) teams in November 2012. Each regional mental health center offers crisis services and ongoing mental health services.

Crisis Services

Emergency services are provided through the Adult Mental Health Crisis Units. Crisis units provide 24/7 phone and outreach services. Crisis units screen all adults who are being petitioned for court-ordered commitment. The court ordered commitment process is followed when the court determines that an individual is likely to injure themselves or others. This includes determination of danger to self as a result of grave disabilities related to symptoms of mental illness. Individuals who are placed under commitment may be treated in a community or state hospital, or they may receive intensive community-based care for acute needs. During SFY 2014, 73 percent of the participants receiving services from the division received crisis services.

Adults Receiving Mental Health Services SFY 2014



Ongoing Mental Health Services

The primary goal of ongoing mental health services is to promote recovery and improve the quality of life of Idaho adults with mental health diagnoses. During SFY 2014, 27 percent of participants receiving services from the division received ongoing mental health services. These participants received one or more of the following services:

Court-ordered Treatment and Mental Health Court

The division's regional mental health centers provide court-ordered evaluation, treatment recommendations and other necessary treatment provisions for individuals being sentenced under Idaho Code 19-2524, 18-211/212, and/or Mental Health Court. Adults referred through Mental Health Court receive Assertive Community Treatment (ACT) services, with ACT staff integrally involved in collaborative mental health court meetings.

Assertive Community Treatment (ACT)

ACT services provide a full array of community-based services to adults with a serious mental illness who have the most intense service needs as an alternative to hospitalization. ACT services are provided by a team of professional staff and certified peer specialists. Services include individualized treatment planning, crisis intervention, peer support services, community-based rehabilitation services (CBRS), medication management, case management, individual/group therapy, co-occurring treatment and other community support services.

Case Management Services

The division's regional mental health centers provide case management services based on individual needs. Case managers use person-centered planning to identify mental health needs. Once treatment needs are identified, case managers link the participant to available community resources, coordinate referrals, advocate for the participant and monitor service effectiveness and participant satisfaction. Short and long-term, non-intensive services are available on a limited basis.

Community Support Services

Community support services are available on a limited basis. These services include outreach, medication monitoring, benefits assistance, support for independent living skills, CBRS, education, employability, and housing support.

Co-occurring Mental Health and Substance Use Disorders

According to the National Survey on Drug Use and Health, an estimated 40.7 percent of adults with a substance use disorder within the past year also had a co-occurring mental illness. The division's regional mental health centers provide integrated treatment for those diagnosed with

co-occurring mental health and substance use disorders. If regional mental health centers are unable to provide a full range of co-occurring treatment for participants, they may refer or collaborate with a private agency to provide additional services.

Adult Mental Health Services				
	SFY 2011	SFY 2012	SFY 2013	SFY 2014
Adults Served	9,375	10,263	10,921	13,207
Supportive Services (meds, housing & employment)	7,101	5,071	4,987	3,718
Assertive Community Treatment	639	631	605	611
Co-occurring Services	551	548	1,256*	1,680

**The increase in Co-occurring Services does not represent a new service population, but reflects recognition of the importance of serving people with mental illness and substance use disorders through an integrated system of care.*

State Hospital North

Todd Hurt, Administrator, 476-4511

State Hospital North in Orofino is a 60-bed psychiatric hospital that provides treatment for adults in psychiatric crisis. The hospital collaborates with patients, their families, and the referring Regional Mental Health Centers to develop goals for hospitalization and to arrange follow-up care after an inpatient stay.

Hospitalization at State Hospital North is intended to be of short to intermediate duration with the objective of stabilizing presenting symptoms and returning the patient to community living in the shortest reasonable period of time. Length of stay is variable based on patient need and prevailing best practices within the mental health field. The median length of stay is approximately 44 days.

Admissions to State Hospital North are referred through the Regional Behavioral Health Centers. Treatment is individualized and is delivered by interdisciplinary treatment teams consisting of psychiatrists, a nurse practitioner, a medical doctor, licensed nurses, psychiatric technicians, master's level clinicians, psychosocial rehabilitation specialists, therapeutic recreation specialists, a dietitian, and support personnel.

Staff deliver a number of specialized services that include: assessments and evaluations, medication management, a variety of therapies, opportunities for community integration, involvement in recreational and educational activities, and discharge planning. The facility uses the Recovery Approach in treatment and promotes alignment with the patient in developing a self-directed care plan to assist them in

working toward their recovery goals. During SFY 2014, State Hospital North maintained an average census of 44 patients.

SHN Adult Inpatient Psychiatric Services

	SFY 2011	SFY 2012	SFY 2013	SFY 2014
Adult Patient Days	16,680	17,514	17,408	16,153
Admissions	336	289	278	217
Avg. Daily Census	46	48	48	44
Daily Occupancy Rate	76%	80%	79%	74%
Median Length of Stay	35	41	43	44
30 Day Readmission Rate	1.8%	1.4%	2.2%	2.3%
180 Day Readmission Rate	8.9%	9.7%	8.6%	10.6%
Cost Per Patient Day*	\$450	\$443	\$463	\$506

**Includes both direct and indirect expenses.*

State Hospital South

Tracey Sessions, Administrator, 785-8402

State Hospital South, located in Blackfoot, is licensed by the state to serve 90 adult patients, 16 adolescent patients, as well as 29 residents in the Syringa Chalet skilled nursing home. State Hospital South is accredited by the Joint Commission, which is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting established performance standards. In 2013, State Hospital South was awarded "top performer in key quality measures" by the Joint Commission.

Patients are referred to the hospital by Regional Mental Health Centers. During treatment, patients have the opportunity to develop wellness recovery action plans that are personalized care plans for community living. They also have the opportunity to learn new skills that can be used in the community to keep them safe from self-harm, from causing harm to others, and for basic living skills. Treatment is provided through an interdisciplinary team comprised of psychiatrists, medical doctors, mid-level prescribers, clinicians, social workers, nurses, dietitians, therapeutic recreational therapists and support staff. Additionally, each adult unit has a peer specialist who promotes recovery by offering hope and encouragement to patients by modeling personal success in managing a mental health disorder.

A segment of State Hospital South's patient population comes from the criminal justice system. The court can remand people who are unfit to

proceed in the criminal justice process to the custody of DHW for help in restoration to competency.

Adolescents between the ages of 11-17 are served in a unit that is geographically separate from adult treatment. The average age of adolescents in treatment is 15, the average age of adults is 40, and the average age of residents in the skilled nursing home is 70.

SHS Adult Inpatient Psychiatric Services				
	SFY 2011	SFY 2012	SFY 2013	SFY 2014
Adult Patient Days	27,152	29,555	26,241	27,375
Admissions	490	484	550	608
Avg. Daily Census	74	81	72	75
Median Length of Stay (Days)	35	36	33	29
Daily Occupancy Rate	82.7%	89.7%	79.9%	83.3%
30 Day Readmission Rate	4.7%	2.5%	2.5%	1.64%
180 Day Readmission Rate	16.1%	12.2%	12.3%	14.14%
Cost Per Patient Day	\$447	\$452	\$533	\$533
Syringa Skilled Nursing				
Patient Days	9,327	9,071	8,986	8,856
Admissions	10	10	15	11
Occupancy Rate	88.1%	95.5%	84.9%	83.7%
Cost Per Patient Day	\$512	\$476	\$568	\$588
Adolescent Unit				
Patient Days	3,217	3,677	4,176	4,181
Admissions	81	81	110	122
Daily Occupancy Rate	55.1%	62.8%	71.5%	71.6%
Median Length of Stay (Days)	34	42	33	31
30 Day Readmission Rate	1.2%	0%	0%	0.8%
180 Day Readmission Rate	4.9%	7.4%	3.6%	3.3%
Cost Per Patient Day	\$715	\$647	\$676	\$643

Substance Use Disorders Program

The Substance Use Disorders Program includes:

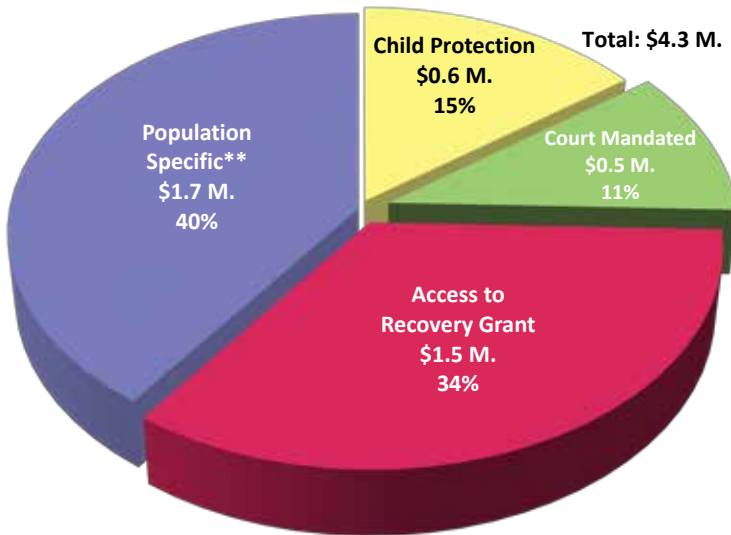
- Substance use disorder (SUD) treatment;
- Management of the SUD provider network;
- Training for treatment staff;
- Facility approval; and
- Tobacco inspections.

SUD services are delivered through contracts with private and public agencies with a focus on best practices and evidence-based programs. The goal of substance use disorders treatment is to help participants live their lives in recovery. Idaho currently has 91 state-approved treatment providers staffing 168 sites.

Treatment services include detoxification, outpatient therapy and residential treatment. In addition, the network includes 34 stand-alone recovery support services providers at 64 locations. Recovery support services include those services needed to assist participants in their recovery that include case management, family life skills, recovery coaching, adult safe and sober housing, childcare, transportation and drug testing. Specialized services are available for pregnant women, women with dependent children, and adolescents.

Idaho was one of only five states awarded the Access to Recovery-4 (ATR) grant in October 2014. This is a three-year grant program that provides substance abuse services to veterans, the homeless and families involved with child protection services. This funding allows DHW to provide treatment and recovery support services to populations previously unserved in Idaho.

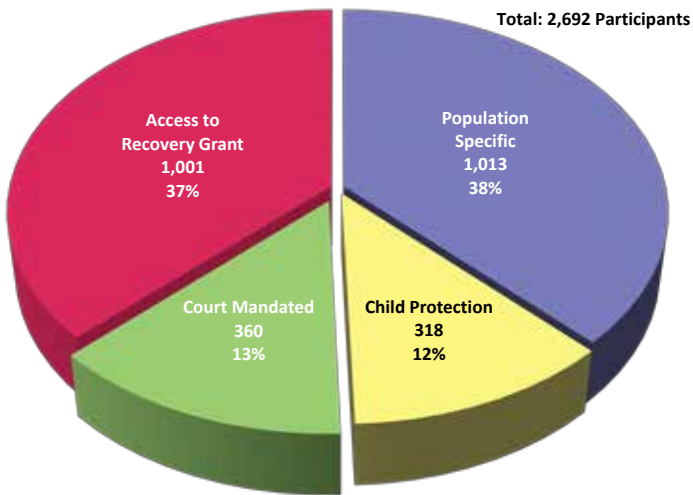
SFY 2014 Substance Use Disorders Expenditures by Priority Population*



* These expenditures only represent a partial year, October, 2013 through June, 2014 because of the transition of data systems.

**Population Specific includes adolescents, adults, IV drug use, women with children and patients at State Hospitals.

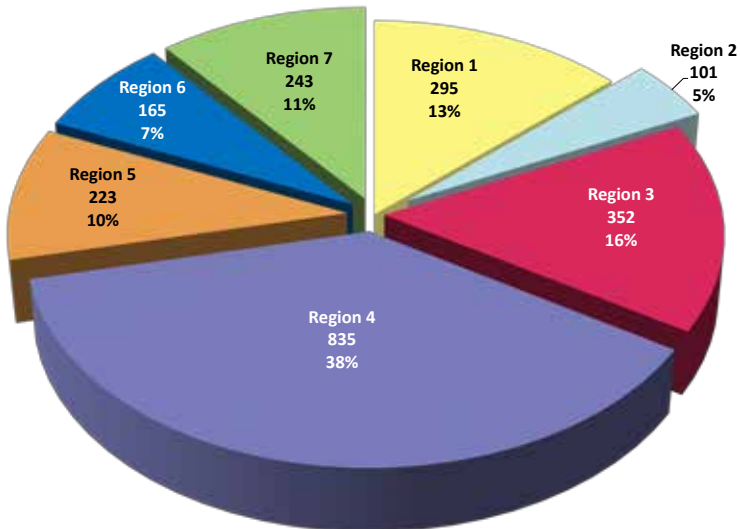
Substance Use Disorders Treatment by Priority Population*



* These participant counts only represent a partial year, October, 2013 through June, 2014 because of the transition of data systems.

**Population Specific includes adolescents, adults, IV drug use, women with children and patients at State Hospitals.

Substance Use Disorders Participants by Region*



*Participants may have been served in more than one region during SFY 2014.

** These participant counts only represent a partial year, October 2013 through June 2014 because of the transition of data systems.

The Idaho Tobacco Project

The Idaho Tobacco Project is a partnership between DHW and Idaho State Police. This partnership provides tobacco retailers with education materials, no-cost permits, and supports inspections to evaluate compliance with the prevention of minor's access to tobacco statute.

Currently, Idaho has 1,654 permitted tobacco sellers. To encourage tobacco retailers to remain vigilant against selling tobacco to minors, youth-purchase inspections are conducted annually at every retailer site that youth may legally enter. In 1998, the first year that statewide youth-purchase tobacco inspections were implemented, the violation rate was 56.2 percent. In 2013, the survey of inspections resulted in a violation rate of 9.1 percent. The chart below depicts the findings of the annual survey of tobacco inspections conducted by youth inspectors over the past five years.

Retailer education materials include a monthly newsletter, a training CD, point-of-sale training resources (posters located near cash registers or in staff areas) and online training resources (preventthesale.com/Idaho) assist retailers in educating their sales staff and store managers.

	CY 2009	CY 2010	CY 2011	CY 2012	CY 2013
Permittees	1,399	1,699	1,703	1,730	1,654
Inspections	1,659	2,064	1,841	1,741	1,976
Violations	239	198	115	113	154
Non-Compliance Rate	14.4%	9.6%	6.3%	6.5%	9.1%

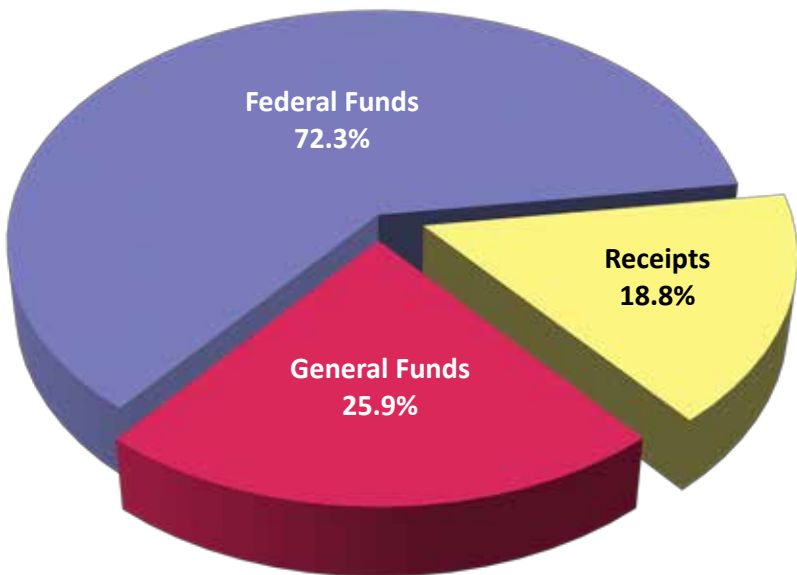
Division of Welfare

Lori Wolff, Administrator, Phone 334-5696

The Division of Welfare/Self Reliance promotes stable, healthy families through assistance and support services. Programs administered by the division include: Child Support, Supplemental Nutrition Assistance Program (SNAP, or Food Stamps), Child Care, Temporary Assistance for Families in Idaho (TAFI-cash assistance), and Aid to the Aged, Blind, and Disabled (AABD-cash assistance). These programs, also called Self Reliance Programs, provide critical aid and support options for low-income families and individuals while encouraging participants to improve their personal financial situations and become more self-reliant.

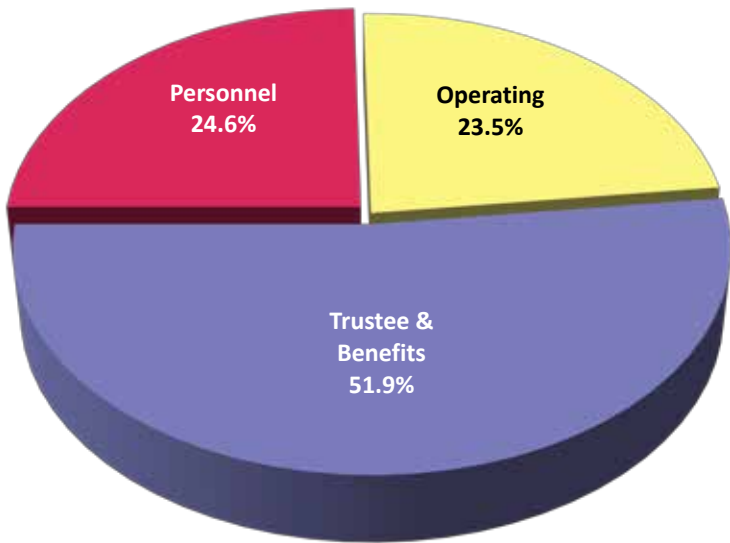
The division administers several additional programs through contracts with local partner organizations that provide food and assistance for basic supports that include home energy costs, telephone, and home weatherization. The division also determines eligibility for all Medicaid programs.

Welfare SFY 2015 Funding Sources

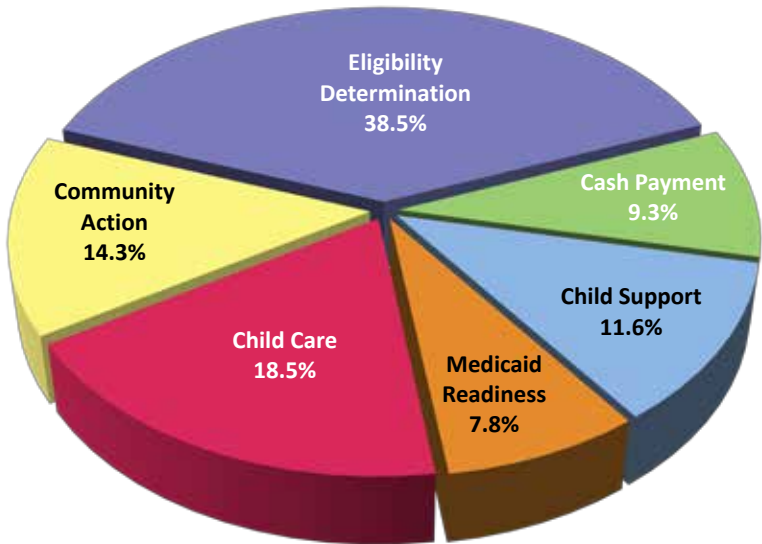


Authorized FTP: 616.6. Original Appropriation for SFY 2015 General Funds \$39.1 million, Total Funds \$151.1 million; 6% of Health and Welfare funding.

Welfare SFY 2015 Expenditure Categories



Welfare SFY 2015 Appropriation by Program



Medicaid Readiness is one-time funding of \$11.8 million to incorporate mandatory Patient Protection and Affordable Care Act requirements. Ninety percent of this funding is provided by the federal government.

2014 Year in Review

Programs:

The Self Reliance programs are intended to help Idaho families who have fallen into poverty by providing work supports so they can return to the workforce. The combination of key supports such as health coverage, food and nutrition assistance, child care, Child Support and Job Search Assistance (JSAP) helps families obtain employment or remain in the workforce as they balance their ability to pay a mortgage and utilities, and provide for their children. Keeping Idaho's low-income families at work during these challenging times will help enable them to take advantage of new opportunities as the economy improves and they no longer need the support of public assistance.

During SFY 2014, many households continued needing support during periods of unemployment or low wages to help supplement their family's income for food, health care, and child care needs. Overall, growth in program participation is leveling as the economy stabilizes; however, we continue to see many families either underemployed or working for wages below the poverty level. Application and recertification activities continue to be our focus as we ensure eligibility determinations maintain integrity and effectiveness in providing access to programs and supports. DHW continues to focus on employment and training programs, as well as nutrition education and quality child care, to ensure the programs are effective in supporting families to return to the workforce and out of poverty.

The division currently serves approximately 197,000 families who receive services in one or more programs and maintains 156,000 child support cases. Family composition for the Self Reliance programs, excluding Child Support, is 53 percent children, 30 percent adults, 12 percent disabled adults, with the remaining 5 percent being seniors over the age of 65. Approximately 1 in 3 participant families have at least one elderly or disabled member living in the household. About 332,000 individuals receive Self Reliance services in Idaho with almost 52 percent participating in one program and 48 percent participating in two or more programs. Almost 80 percent of families with a current child support case utilized one or more assistance programs.

Projects:

The Medicaid Readiness Initiative (MRI) has been a top priority for Self Reliance to meet federal requirements and implement Medicaid changes on January 1, 2014. During the open enrollment period, the division enrolled approximately 15,000 Medicaid participants received from the Federal Marketplace.

MRI was a critical component for the development and implementation of Your Health Idaho, the state's health insurance exchange, in November 2014. DHW partnered with Your Health Idaho to leverage our infrastructure for application, verification, and eligibility determinations that are required for the exchange. This partnership and shared services model helped minimize costs to the state for building the new marketplace, while maximizing coordination and consistency as Idaho transitioned off of the federal exchange and implemented Idaho's new technology platform that supports access to health coverage for all Idahoans.

The division has made many improvements to the current Idaho Benefit Eligibility System (IBES) and business model to ensure Idaho has an effective eligibility service delivery system in place to meet the needs of Idahoans. Through wise investments, DHW developed and implemented new automated interface solutions to enhance verification of client information to improve integrity in the eligibility decision-making process by creating immediate access to federal and state databases that provide information on citizenship, household income, disability status, and residence. The division also built and implemented a new online portal that provides information to customers about the benefits and services they are receiving, and allows participants to recertify benefits on-line.

Partnerships with Idaho's health insurance exchange, Idaho insurance companies, hospitals, and other stakeholders have ensured the pathway to healthcare coverage in Idaho is effective for everyone. Just like other states, Idaho has been challenged to adapt and prepare for the changing landscape of healthcare on a national level, but with a focus on Idaho values and priorities, DHW has created a path to success that will position Idaho to not only meet federal requirements, but to do so in a way that most effectively supports Idaho families.

Performance:

The Division of Welfare met or exceeded federal standards for accuracy in all of its self-reliance programs. Program performance continues to be recognized for exceptional innovation, service delivery redesign, and use of technology by federal partners, other states, and national organizations. In the true Idaho spirit for smart governance and efficient administration of public programs, the division has used business process re-design, new technologies, and ongoing change management, resulting in exceptional results and improved performance. Idaho is a top-performing state for timeliness of services, accuracy in eligibility decision-making, and low administrative costs. This transformation has been possible because of the strong commitment from Idaho leadership, supportive community partnerships, and skilled state employees who execute these programs for low-income Idaho families.

Self-Reliance Services

The Division of Welfare provides services in three categories:

1. **Benefit Program** services include:

- Food assistance (SNAP, or Food Stamps);
- Child care assistance (Idaho Child Care Program);
- Eligibility determination for medical assistance under a variety of programs for low-income children, adults, and pregnant women; disabled individuals; nursing home care; and help with health insurance costs or Medicare premiums; and
- Cash assistance in the form of Temporary Assistance for Families in Idaho (TAFI) and Aid to the Aged Blind and Disabled (AABD) programs.

Applications are available in field offices around the state, as well as by phone, mail and the Internet. These services have strict eligibility requirements, as identified in state and federal rules. Benefit program services are delivered electronically to those receiving Food Stamps, TAFI, or AABD through the Electronic Benefit Transfer (EBT) system.

2. **Child Support** services include:

- Locating an absent parent, conducting paternity testing, and creating a new and/or enforcing an existing child support order, or modifying a support order;
- Providing medical support enforcement to ensure children are covered by health insurance; and
- Helping other states enforce and collect child support for parents living in Idaho, which accounts for about one-fifth of Idaho's child support cases.

The Child Support Program uses secure electronic transfer of collected funds to distribute child support to families.

3. **Partnership Program** services include:

- Community Service Block Grants, which help eliminate the causes of poverty and enable families and individuals to become self-reliant;
- Nutrition-related services and food commodities;
- Low-income home energy assistance;
- Weatherization assistance to help low-income households conserve energy and save money; and
- Telephone assistance for low-income people.

Partnership Programs are supported by pass-through funds the division directs to local non-profit and community-based service providers. The division recognizes that local needs are often best met by local

organizations. At the same time, local organizations throughout the state can benefit from a single entity overseeing administrative and fiscal management, rather than duplicating this function in each locale.

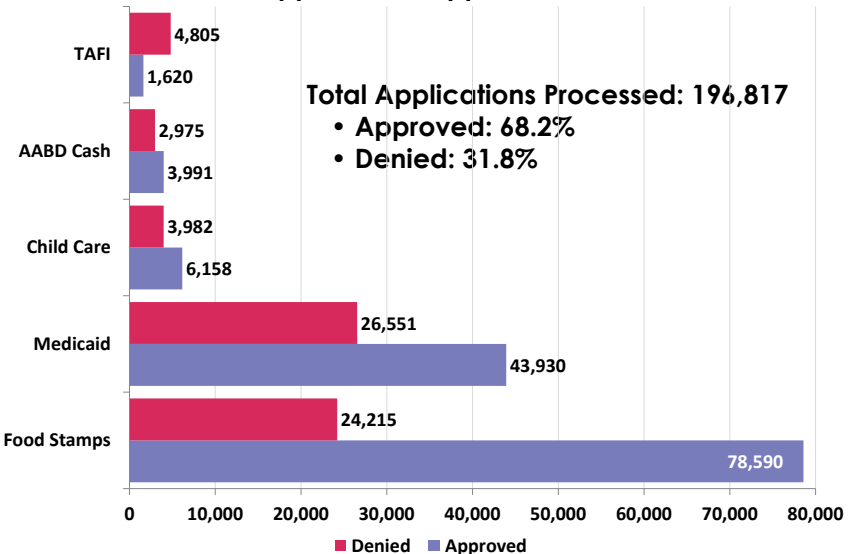
To realize greater efficiency, the division works with community-based service providers to administer federal, state, and local funds in implementing partnership programs. The division maintains administrative and fiscal oversight of the funds, allowing local organizations to focus on day-to-day service provision and program implementation. These contractors, such as the Community Action Partnership Association of Idaho, are essential partners with the division in meeting the needs of citizens throughout the state.

Program Participation

Participation in benefit programs, Child Support, and partnership programs is traditionally measured by the average monthly caseload or individuals served each month. However, reporting these numbers does not give a complete picture of the number of people served during the year. It also does not give an accurate picture of the Self Reliance staff workload.

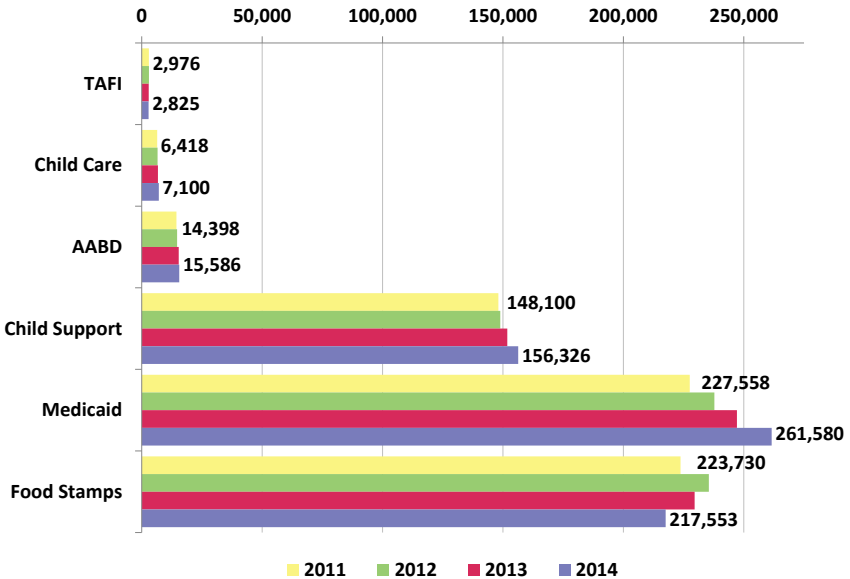
Processing applications for citizens seeking services is a labor-intensive process. Welfare/Self Reliance staff process all applications for services, but not all applications are approved. People who are denied services are not reflected in program participation and caseload counts, even though significant time and effort may have been expended in the application process.

SFY 2014 Applications Approved and Denied



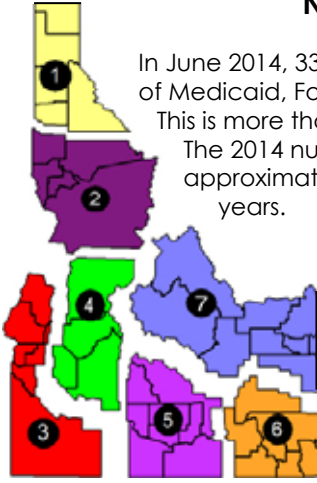
Benefit programs are designed to be work supports for low-income families in Idaho. The division has designed benefit programs to encourage families to find a job, keep a job, and hopefully move on to higher wages and self-sufficiency. The Food Stamp and TAFI programs have work participation requirements to help individuals find employment. As low-income families find success in the workplace, the long-term outcomes for families and children are improved.

Average Monthly Individuals Served



Note: All counts are individuals except Child Support, which is a case count. Many participants receive services from more than one program, so adding columns together will not produce the number of individuals receiving services; it includes some duplicates. All programs are reported by SFY except Child Support, which reports by FFY. Medicaid data is provided by the Division of Medicaid.

Numbers Served by Region



In June 2014, 332,338 people received assistance in the form of Medicaid, Food Stamps, child care and cash assistance.

This is more than 20 percent of the state's total population.

The 2014 number of individuals served compares to approximately 321,500 served annually for the prior three years.

Region 3, which includes Canyon County, has the greatest percentage of population receiving assistance services, while Region 4 has the lowest percentage of population receiving assistance. Five of the seven regions have more than 20 percent of their populations receiving one of the four main assistance services.

Region	Estimated Population	Receiving Cash Payments	Child Care Assistance	Food Stamps	Medicaid	Totals
1	217,551 13.5%	3,058 1.4%	1,055 0.5%	28,218 13.0%	35,641 16.4%	44,408 20.4%
2	106,588 6.6%	1,501 1.4%	303 0.3%	10,015 9.4%	14,198 13.3%	16,986 15.9%
3	263,411 16.3%	3,944 1.5%	1,475 0.6%	49,184 18.7%	60,240 22.9%	73,786 28.0%
4	459,035 28.5%	4,450 1.0%	1,720 0.4%	46,987 10.2%	57,433 12.5%	72,242 15.7%
5	188,860 11.7%	1,836 1.0%	986 0.5%	24,779 13.1%	36,362 19.3%	42,524 22.5%
6	166,138 10.3%	2,079 1.3%	737 0.4%	22,738 13.7%	30,567 18.4%	36,886 22.2%
7	210,553 13.1%	1,611 0.8%	954 0.5%	27,149 12.9%	37,922 18.0%	45,506 21.6%
Totals	1,612,136 100.0%	18,479 1.1%	7,230 0.4%	209,070 12.97%	272,363 16.9%	332,338 20.6%

Note: Estimated population percentage (in column 2) represents regional share of the state's total population. Percentages under each program are the percentage of each region's population participating in that program. Many participants receive services through more than one program. The total (in the last column) is an unduplicated count of these four self-reliance programs.

Use of benefit programs remained flat in all parts of the state during SFY 2014. Region 3, where 73,786 individuals participated in a Self Reliance benefit program, had the highest service usages and led the state in enrollment in all four of the benefit programs. Idaho's most populous area, Region 4, which contains over one-quarter of the state's population, had the lowest use of benefit programs, with 15.7 percent of Region 4's population receiving benefits.

Benefit Program Services

The Division of Welfare manages assistance and support services in four major programs:

1. Supplemental Nutrition Assistance Program (SNAP, or Food Stamps);
2. Child care;
3. Medicaid eligibility; and
4. Cash assistance (through Temporary Assistance for Families in Idaho, and Aid to the Aged, Blind, and Disabled).

Supplemental Nutrition Assistance Program (Food Stamps)

Overview: The Supplemental Nutrition Assistance Program (SNAP), also known as the Food Stamp Program, helps low-income families maintain good health and nutrition. SNAP benefits are federally funded, but the state shares the cost of administering the program with the federal government. Benefits are provided through an Electronic Benefits Transfer (EBT) card, which works like a debit card.

In order to qualify for SNAP, a family must meet the following eligibility requirements:

- Be an Idaho resident who is either a U.S. citizen or meets specific lawful residency criteria;
- Provide proof of identity;
- Meet income eligibility limits of 130 percent of poverty or less for family size;
- Possess assets of less than \$5,000;
- Meet stricter eligibility requirements if applicant is a student, legal immigrant or convicted felon; and
- Participate in a work search program, unless exempt.

All eligibility requirements are verified through electronic interfaces or documentation provided by the family. Once approved for SNAP benefits, a family must participate in a semi-annual or annual re-evaluation of their household circumstances. In the re-evaluation process, all elements of eligibility are re-verified using these same methods.

SNAP recipients, unless exempt, must either be employed 30 hours per week or participate in job search activities that will help them find or improve employment opportunities to continue receiving benefits. The primary focus of the work program is to help SNAP recipients get a job, keep a job, or find a better job. Failure to participate in this program results in the individual losing his or her SNAP benefits.

SNAP Benefit Amount: The amount depends on a variety of circumstances, such as the number of people in the household, income, and other factors. Generally, larger household sizes or lower incomes result in higher benefit amounts. In June 2014, the average SNAP allotment per person in Idaho was \$127, or approximately \$1.40 per meal.

What is available for purchase with SNAP?

Households may use SNAP benefits to purchase food to eat, such as:

- Breads and cereals;
- Fruits and vegetables;
- Meats, fish, and poultry;
- Dairy products; and
- Seeds and plants which produce food for the household to eat.

Households may **not** use SNAP benefits to purchase alcoholic beverages, tobacco, or any non-food items, such as:

- Soaps, paper products;
- Pet foods;
- Household supplies; and
- Vitamins and medicines.

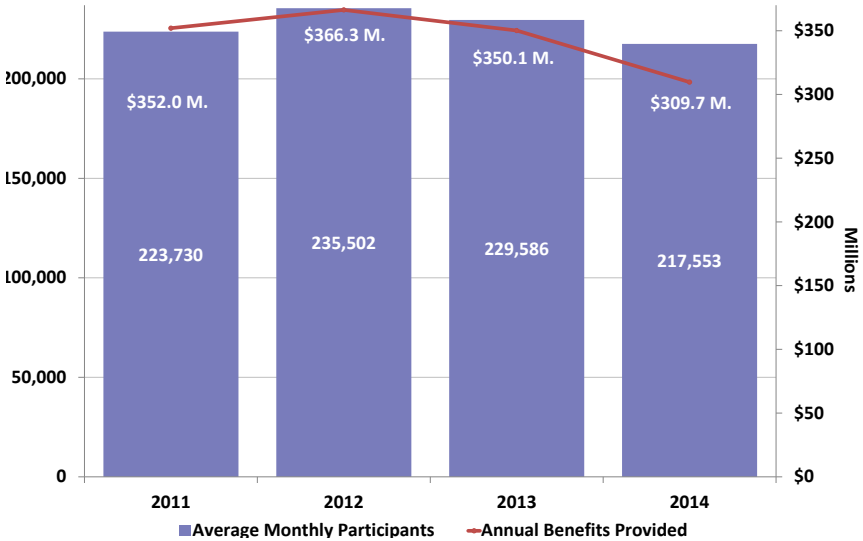
Additionally, SNAP benefits may **not** be used for:

- Food that will be eaten in the store; and
- Hot foods.

Caseload Growth:

SNAP enrollment is responsive to economic conditions, expanding during recessions and contracting during improved economic times. Idaho experienced SNAP expansion, realizing unprecedented participation growth beginning in 2007 and continuing through 2011. During SFY 2014, Idaho's SNAP caseload showed a reduction in the number of individuals receiving SNAP benefits, from 227,000 in June 2013 to 209,000 in June 2014. Beginning in SFY 2012, Idaho once again began requiring all eligible, able-bodied adults to participate in the state's work program. The state continues to see a slow, steady decline in individuals receiving SNAP benefits.

SNAP: Average Individuals Served Monthly and Total Annual Benefits Provided



Program Performance

In spite of record participation growth, Idaho's SNAP program continues to perform at a high level, without increases in staffing or administrative overhead costs. Over the past four years, Idaho consistently remained one of the top states in the country for providing accurate benefits in a timely manner. One of the goals of the Self Reliance program is to help families receive services as quickly as possible. In 2014, nearly three out of four families eligible for food stamps received benefits the same day they applied. On average, eligible Idaho families receive benefits within two days of submitting an application.

Idaho Child Care Program

The Idaho Child Care Program (ICCP) provides critical work supports in the form of child care subsidies to certain low-income families to assist with child care expenses so that parents can maintain employment or complete their higher education. Child care assistance is calculated on a sliding fee scale, dependent on the parents' income. Eligibility in this program requires legal status in the U.S. and parents must meet income guidelines.

Because of the high costs of child care, many parents earning near minimum wage could not afford to work and pay for child care without ICCP assistance. On average, ICCP provided services for 7,100

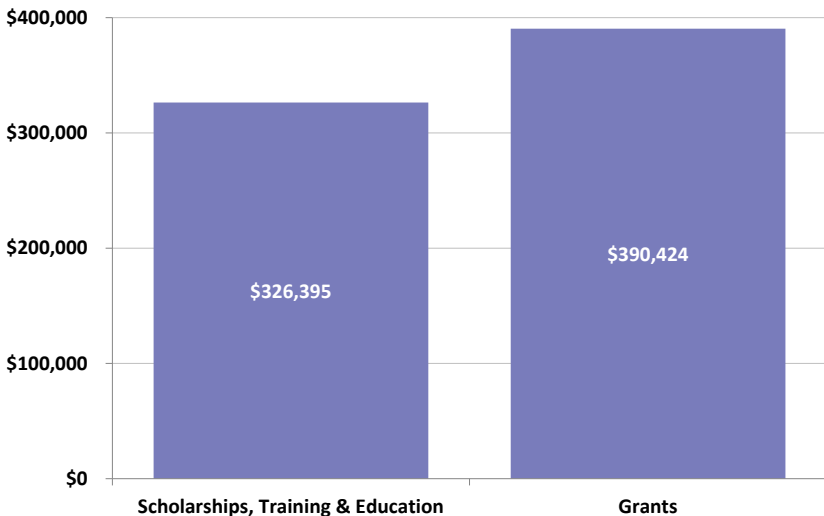
participants per month during SFY 2014, with total annual payments of nearly \$22.5 million.

In order for a provider to be eligible to receive ICCP payments, they must meet minimum health and safety standards, which includes annual CPR/ First Aid certification, cleared background checks for all adults with direct contact with children, and a health and safety inspection every year. The division also contracts with the University of Idaho for the IdahoSTARS program, which provides services to improve the quality of child care in Idaho, assists parents looking for child care, and assists providers who want to become licensed.

During SFY 2014 ICCP:

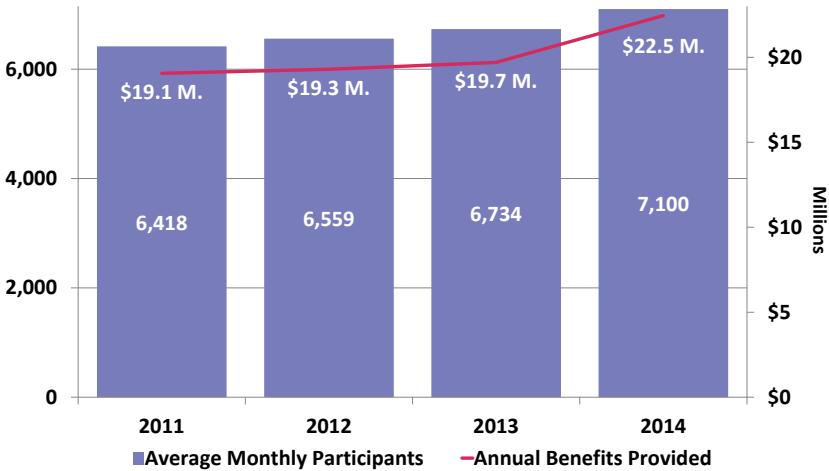
- Provided 1,921 child care referrals to parents to assist them in making the right decisions for their families.
- Improved child care quality through a Quality Rating and Improvement System, using nationally established measurements.
- Provided resources, training, education, scholarships, and incentives to child care providers who seek to improve the quality of their child care programs. During SFY 2014, IdahoSTARS conducted 2,475 training sessions and provided 3,068 training scholarships and 60 academic scholarships statewide at an annual cost of \$326,395. IdahoSTARS also supported providers with \$390,424 in program improvement grants and incentives.

SFY 2014 ICCP Fund Distribution: Total \$716,819



The average number of child care participants per month increased from 6,734 in SFY 2013 to 7,100 in SFY 2014. This slight increase is due to the improved economy as people return to work and need child care again.

ICCP Average Monthly Children Served and Total Annual Benefits Provided



Medicaid

The Division of Welfare determines financial and personal eligibility for Medicaid services. To receive health coverage from Idaho Medicaid, an individual must meet certain eligibility requirements.

1. Individuals must fit one of the following categories:

- Be a child under the age of 19; or
- Be a pregnant woman; or
- Be an adult with a child under the age of 19;
- Participated in the Idaho Foster Care program at age 18, and are currently under age 27; or
- Be age 65 or older; or
- Be blind or disabled according to Social Security Administration criteria.

2. If one of the categories above is met, the individual must then meet the following eligibility criteria:

- Be a citizen or legal immigrant;
- Be a resident of the state of Idaho;
- Household income must be less than the program income limits for the household size; and
- Resources must not exceed the program resource limits. (There is no resource limit for individuals eligible for the MAGI Medicaid program.)

3. To receive services, all the above eligibility requirements must be verified with documentation from the family or through federal or state computer interfaces:

- For all new applications;
- For the annual eligibility review (re-evaluation); and
- Whenever a household or income change is reported.

As a part of the Affordable Care Act, the MAGI Medicaid program replaces the AFDC Family Medicaid program. MAGI Medicaid is designed to simplify Medicaid benefit programs for children, pregnant women and parents/caretaker relatives of dependent children. This program only considers the Modified Adjusted Gross Income (MAGI) and does not include any resources in the eligibility calculation.

Income limits are different for the different Medicaid categories. For example, a family of four (two adults and two children) would be eligible to receive Medicaid services for their children if their income is less than \$3,631 per month. The parents in this family would only be eligible for Medicaid coverage if their income was below \$382 per month. Income limits are different for individuals with disabilities or for pregnant women. Single adults with no children and no disabilities are not eligible for Medicaid coverage. A table showing eligibility income limits for Idaho Medicaid can be found at: www.benefitprograms.dhw.idaho.gov.

Average monthly Medicaid enrollment increased by 6 percent during SFY 2014. As of June 2014, there were approximately 272,000 individuals receiving Medicaid services in Idaho. The Division of Welfare receives nearly 5,900 Medicaid applications per month and on average completes an eligibility decision on a Medicaid application in seven days. Participants must have their eligibility for Medicaid coverage reviewed every 12 months. The Division of Welfare completes these reviews with a re-evaluation of eligibility for 13,700 Medicaid families every month; about 12 percent of those families do not complete the re-evaluation process and as a result their Medicaid cases are closed. Of the 88 percent of families completing the re-evaluation, 98 percent remain eligible after all verifications are reviewed. Families also are required to report changes to their income and household circumstances during the twelve month certification period.

Cash Assistance

1. Temporary Assistance for Families in Idaho (TAFI)

The TAFI Program provides temporary cash assistance and work preparation services for families with minor children. The program serves an average of almost 1,900 households and 2,800 individuals. Approximately 90 percent of households are child-only cases, with the remaining 10 percent single- or two-parent households. Child-only cases are usually relatives caring for a child whose parents cannot care for them.

Idaho TAFI beneficiaries receive a maximum of \$309 per month, regardless of family size. These funds help pay for food, shelter, clothing and other essentials. Idaho has a lifetime limit of 24 months of TAFI cash assistance for adults.

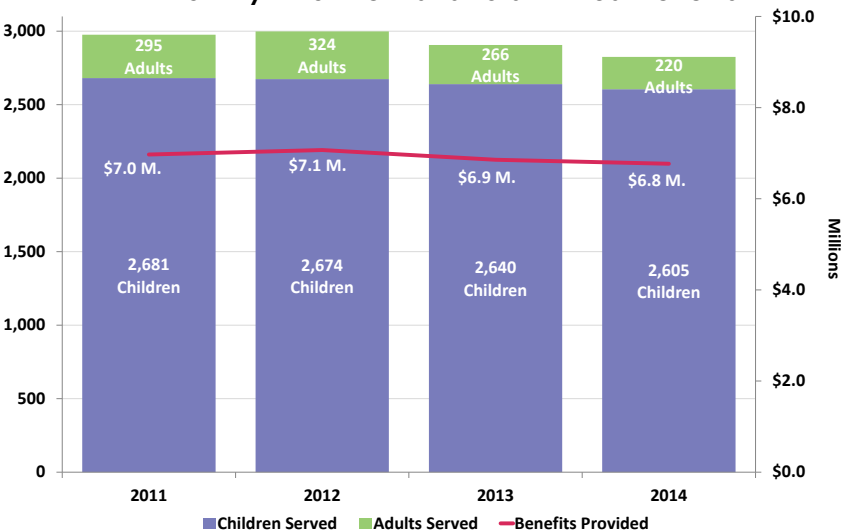
To qualify for TAFI cash assistance, a family must meet the following eligibility requirements:

- Be an Idaho resident who is either a U.S. citizen or meets specific lawful residency criteria;
- Provide proof of identity;
- Meets income eligibility limits for family size;
- Meets personal asset limits;
- Cooperates with Child Support enforcement;
- Participates in a drug and alcohol abuse screening and, if determined to be in need of treatment, must comply with a treatment plan; and
- Participate in the Enhanced Work Services program and meet strict participation requirements.

All eligibility requirements are verified through electronic interfaces or through documentation provided by the family. Ongoing, intense job coaching and case management ensures that the state always has the most up-to-date status on the family to determine ongoing eligibility.

Idaho's TAFI cash assistance program requires participation in work preparation activities that build or enhance the skills needed to increase their income and become self-sufficient. Participants of this program are required to participate from 20 – 40 hours per week (depending on family composition) in approved activities including, but not limited to, job search, education directly related to employment, work experience opportunities and substance abuse treatment. Failure to meet these required activities results in closure of the TAFI assistance, with an additional penalty period during which the family is ineligible to receive TAFI cash. Child-only cases are not subject to work participation requirements.

TAFI Monthly Enrollment and Total Annual Benefits



2. Aid to the Aged, Blind, and Disabled (AABD)

AABD provides cash assistance to certain low-income individuals who also receive medical assistance because they are blind, disabled, or age 65 or older. The state of Idaho currently meets the Maintenance of Effort (MOE) requirements established by the Social Security Administration to administer a State Supplemental Cash Program. The current MOE provides a monthly average cash benefit amount of \$53 per enrollee.

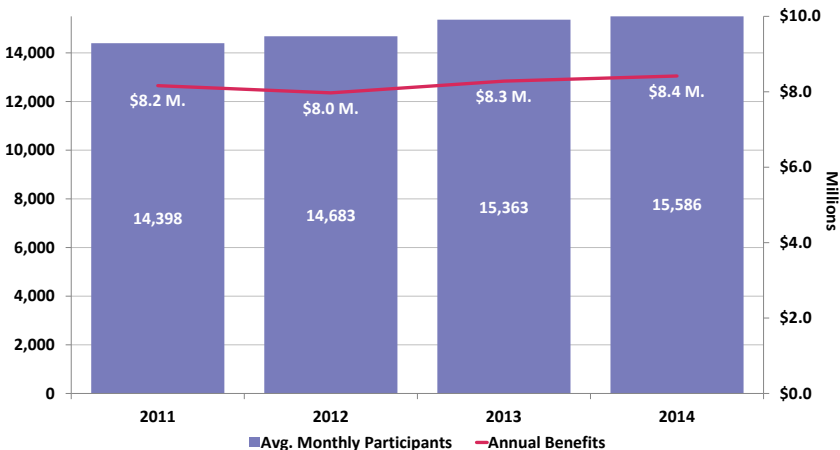
AABD cash payments are paid with 100 percent state general funds and payments can range anywhere from \$18 per person to \$198 per person, depending on the living arrangement of the individual receiving the cash payment.

Individuals are eligible to receive AABD cash assistance if they meet the following program, income and resource requirements:

- The income limit for an individual receiving AABD cash assistance is \$754 per month, or \$1,082 per couple per month;
- Personal assets must not exceed \$2,000 per individual per month or \$3,000 per couple per month;
- An individual must be aged or disabled to qualify for the cash payment and must receive Social Security Income (SSI) or Social Security Disability Income (SSDI);
- The living arrangement of the individual will determine the amount of cash assistance the individual receives. People who reside in a certified family home are not eligible for AABD cash benefits.

On average, 15,586 individuals received AABD cash payments each month during SFY 2014. AABD cash assistance is intended to supplement the individual's income to help them meet the needs of everyday living.

AABD Average Monthly Enrollment and Total Annual Benefits



Child Support Services

The Division of Welfare manages Idaho's Child Support Program. The program offers two types of services:

1. Receipting-only service, which records payments in the child support automated system and distributes the payment according to the court order; and
2. Enforcement service, which establishes and enforces orders to ensure both parents are financially and medically responsible for their children.

All child support orders that require payments be made through the State Disbursement Unit qualify for receipting-only services at no cost. Any parent or guardian may apply for enforcement services for a \$25 one-time fee. Enforcement services are required if a custodial parent is receiving cash assistance, food stamps, Medicaid, or child care; services are provided to the benefit recipient at no charge.

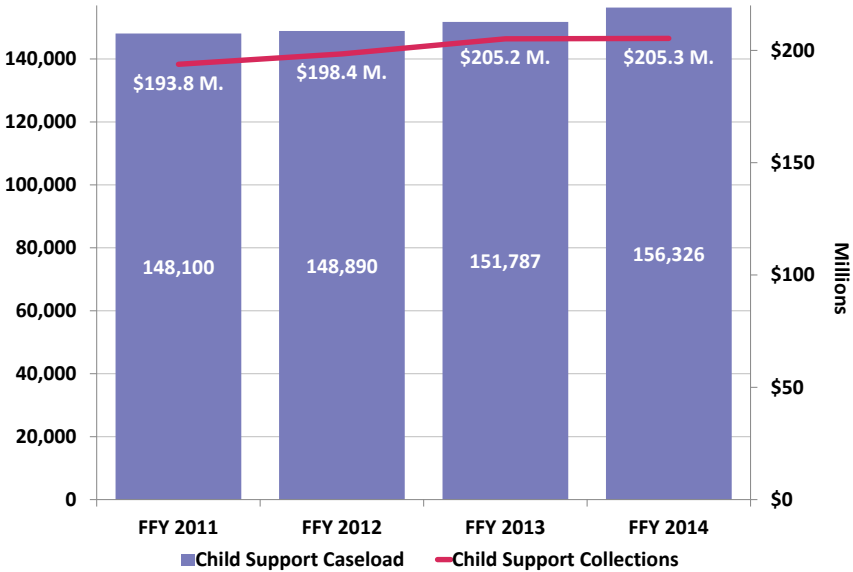
Enforcement services include:

- Paternity testing and paternity establishment to identify fathers;
- Locating non-custodial parents to pursue enforcement actions;
- Establishing and/or modifying court orders; and
- Collecting and distributing child support payments.

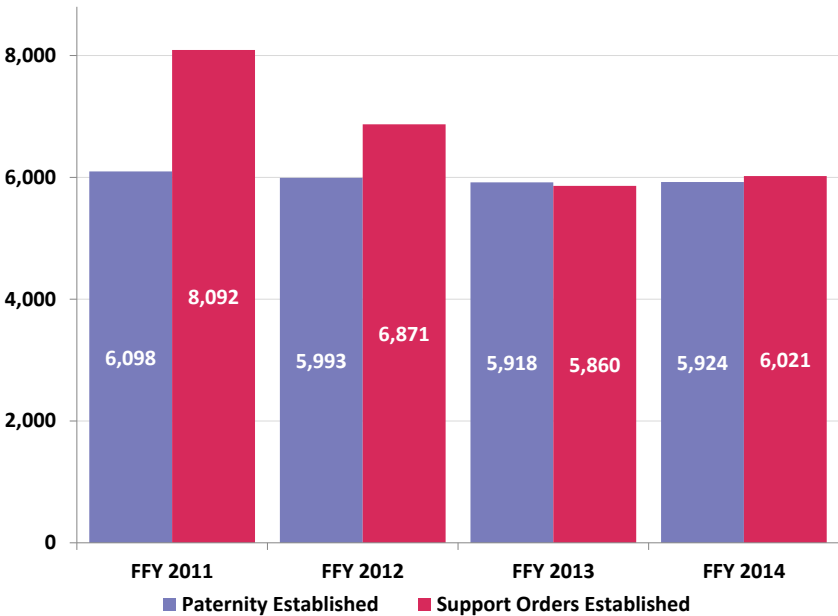
In FFY 2014, the Child Support Program administered approximately 156,300 child support cases, collecting and distributing more than \$205.3 million. These cases and support dollars include Receipting Services Only (RSO) cases. Up until 1998, counties administered the RSO child support caseload. At that time, the Idaho Legislature chose DHW to administer the state's Child Support Program, including county RSO cases. In FFY 2014 the RSO monthly average caseload was 34,561 cases, collecting and distributing \$31 million.

During FFY 2014, the Child Support Program receipted 568,685 payment transactions, completed 258,255 customer service calls, and 830,356 interactive voice response calls.

Monthly Average Child Support Caseload and Total Dollars Collected



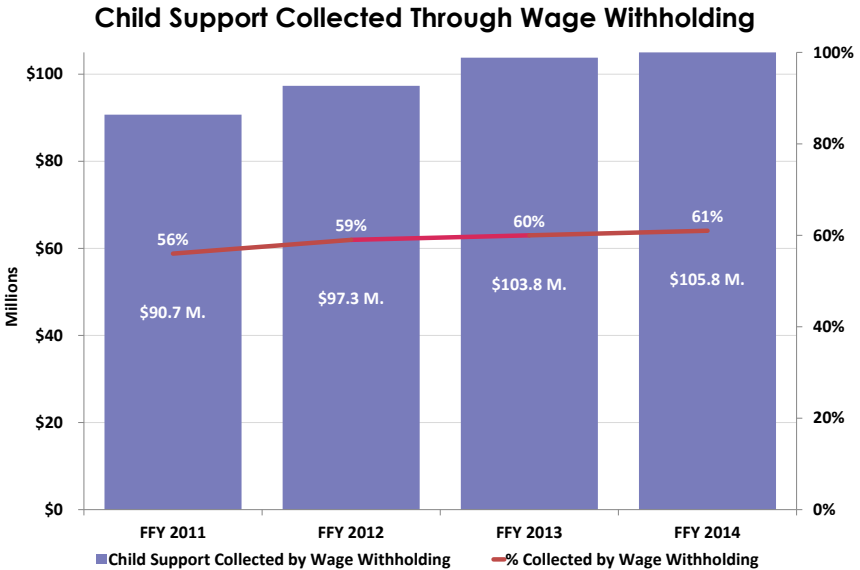
Paternity and Support Orders Established



Child Support Enforcement Methods

The Idaho Child Support Program uses a variety of methods to enforce child support orders. The primary tool for enforcing payments is wage withholding. Other tools include new-hire reporting through electronic data matching, license suspension, federal and state tax offsets, and direct collection methods, including financial institution data matching.

Wage Withholding: The most important tool for the state to collect child support from non-custodial parents who are not voluntarily making their child support payments is wage withholding. Growth in collections by wage withholding is due, in part, to improved accuracy, ease of paternity testing, and the new-hire reporting system. In FFY 2014, \$105.8 million was collected using this tool, accounting for 61 percent of all the state's child support collections, as shown in the chart below.



New-hire Reporting-Electronic Data Matching: The department electronically matches parents responsible for paying child support with those taking new jobs by cross-referencing information from the Idaho Department of Labor. This makes it possible to quickly locate and withhold wages from parents who begin new jobs. DHW matched an average of 1,869 people per month in FFY 2014.

License Suspension: Non-custodial parents who are \$2,000 or 90 days behind in child support are subject to license suspension. This could include drivers' licenses, fishing and hunting licenses, and professional licenses. Approximately one-half of all people with existing obligations

who were notified their licenses were about to be suspended are meeting their payment agreements, which keeps their licenses from being suspended. On average there were 213 licenses suspended monthly during FFY 2014.

Federal and State Tax Offset: Non-custodial parents who are in arrears are subject to state and/or federal tax offsets. In FFY 2014, households who receive child support enforcement services received \$15 million in tax offset dollars for Idaho children.

Direct Collections: When appropriate, the state can collect past due child support payments directly from several sources, including lottery winnings, public employee retirement system benefits, unemployment benefits, and bank accounts through Financial Institutions Data Matching.

Child Support Service Fees

The Child Support Program provides services for parents needing assistance in making sure both parents meet their responsibilities for the health and welfare of their children. The following fees are charged for specific services in child support cases:

• Child Support Service Application Fee	\$ 25
• Establishing Paternity or a Child Support Order:	
If parents stipulate	\$ 450
If case goes to trial	\$ 525
• Income Tax Refund-Attachment-State	\$ 25
• Income Tax Refund-Attachment-Federal	\$ 25
• Annual Non-Custodial Parent Collection Fee	\$ 25

Partnership Programs

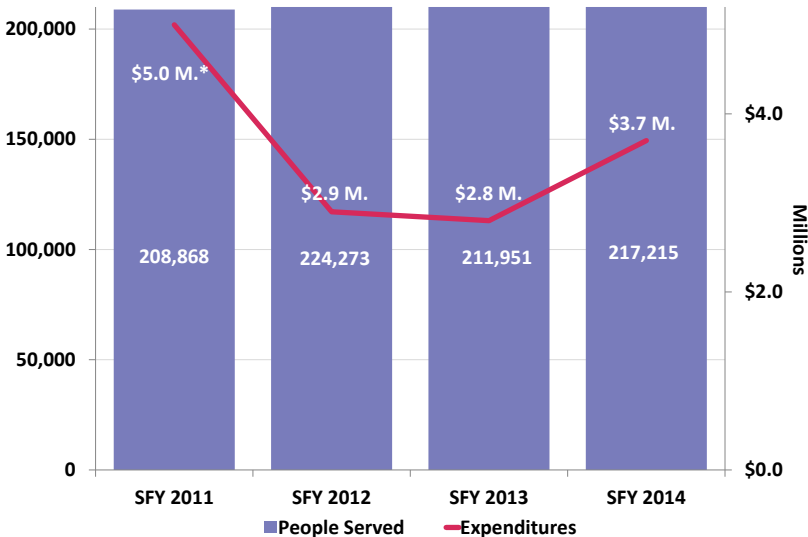
Partnership programs include a variety of services delivered by local organizations, both public and private, across the state. Partner organizations providing these services on the division's behalf operate under contracts with DHW. Partnership programs provide participants with emergency support, transportation, employment, home utility expenses, home weatherization, and food/nutrition services.

Much of the funding for these services comes from federal grants. The services provide additional work supports for low-income families and often meet their needs so they do not have to access DHW programs. Partnership programs also can bridge the gap for individuals and households transitioning from other DHW programs and services to full self-reliance.

Members of the Community Action Partnership Association of Idaho are the division's primary partners in providing these programs. Action Agency members assist eligible community members in their regions through the following programs:

Community Services Block Grant (CSBG) funds programs that help eliminate the causes of poverty and enable families and individuals to become self-reliant. Services are delivered through locally operated and managed Community Action Agencies and the Community Council of Idaho. Grant funds provide emergency and supportive services, employment readiness training, individual and family development counseling, food, shelter, and transportation assistance. CSBG assisted 217,215 individuals and spent approximately \$3.7 million in SFY 2014.

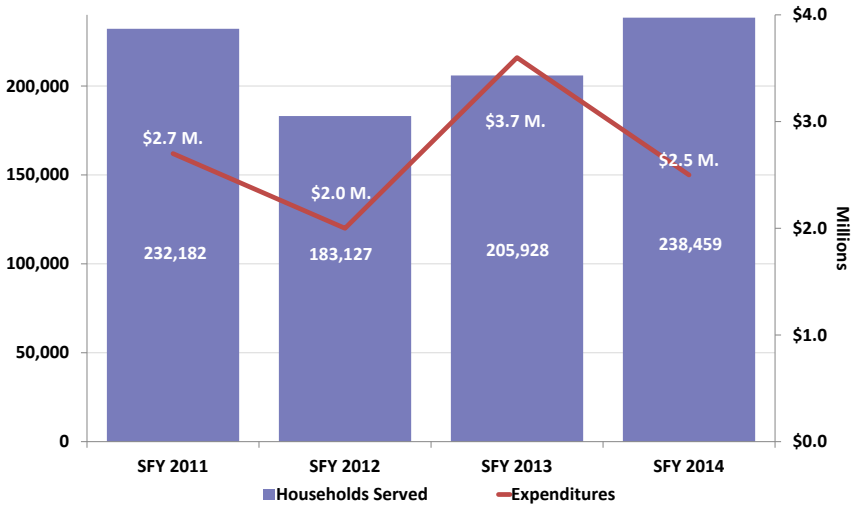
Community Services Block Grant Total People Served and Annual Expenses



*Includes. Community Services Block Grant Funds and ARRA stimulus funds

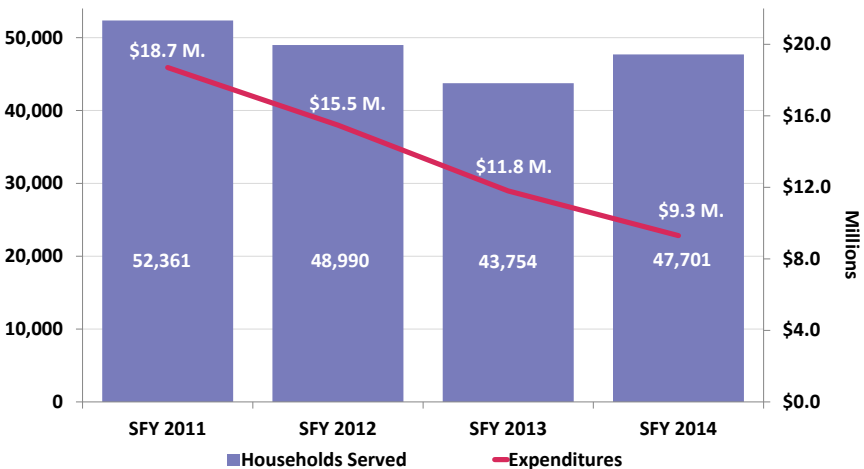
The Emergency Food Assistance Program (TEFAP) helps supplement the diets of Idaho's low-income households. Food for TEFAP is purchased from production surpluses and distributed to the state. In Idaho, Community Action Agencies distribute these commodities through their warehouses to local food banks and soup kitchens. During SFY 2014, TEFAP distributed almost 2.4 million units of food valued at over \$2.5 million to 238,459 households.

The Emergency Food Assistance Program (TEFAP): Households Served Quarterly and Annual Value of Food Distributed

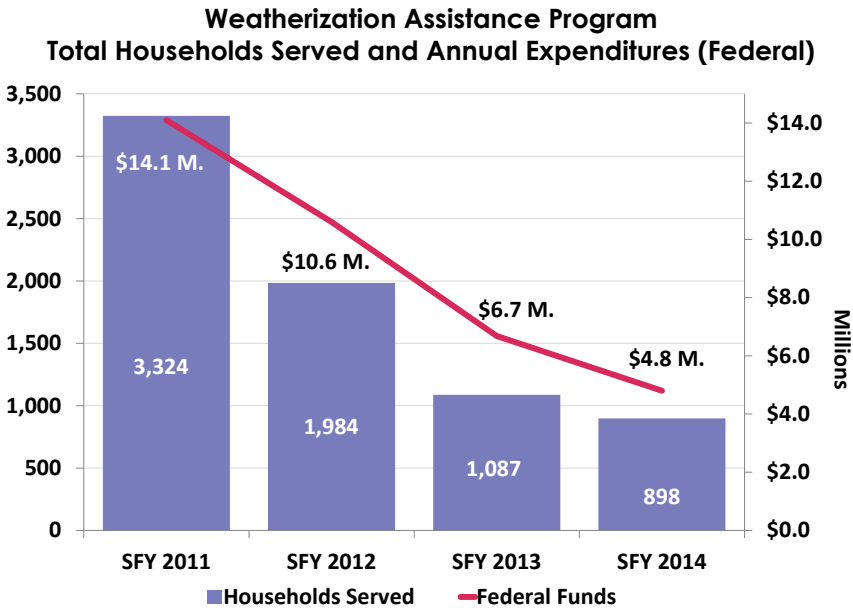


Low-Income Home Energy Assistance Program (LIHEAP) supports several energy conservation and education programs for low-income individuals. It also pays a portion of energy costs for qualifying households. LIHEAP is managed by local community action agencies that make utility payments directly to suppliers on behalf of eligible beneficiaries. The program helped 47,701 households pay \$9.3 million in energy costs in SFY 2014.

Low-Income Home Energy Assistance Program (LIHEAP) Annual Participants and Expenses



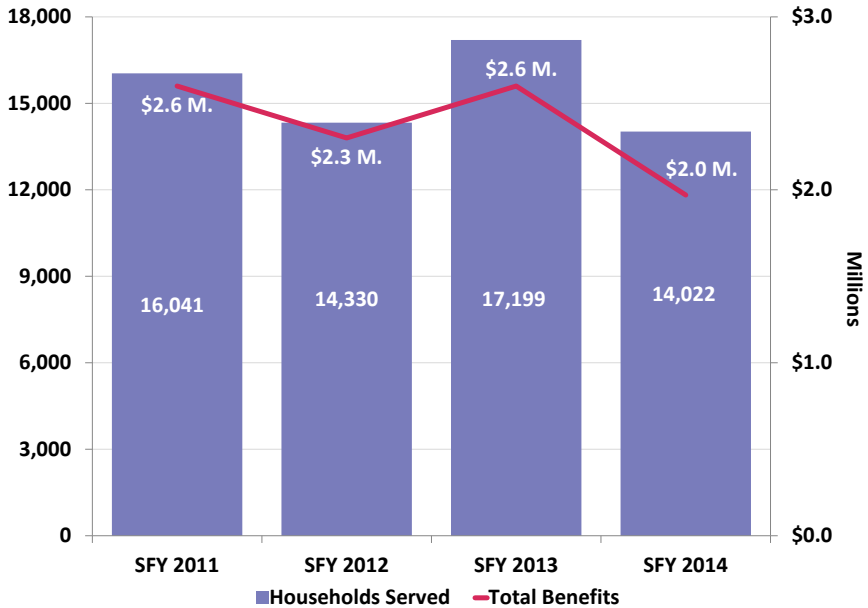
Weatherization Assistance Program helps low-income families conserve energy, save money, and improve living conditions by upgrading and weatherizing their homes. Idaho's weatherization program is funded by utility companies, the U.S. Department of Health and Human Services, the Bonneville Power Administration, and the U.S. Department of Energy. Eligible efficiency measures include air sealing (weather-stripping, caulking), wall and ceiling insulation, heating system improvements or replacement, efficiency improvements in lighting, hot water tank and pipe insulation, and appliance replacement. The Weatherization Assistance Program provided \$4.8 million for efficiency improvements to 898 Idaho households in SFY 2014. The increased funding during SFY 2011 was the result of additional American Recovery and Reinvestment Act (ARRA) funding to the weatherization program.



Note: The total funds represented in these charts are federal funds allocated to the state for weatherization services. Weatherization agencies also receive private funds from utility companies that are not included in these charts. Agencies typically use a mixture of private and federal funds to weatherize homes.

The Idaho Telecommunications Service Assistance Program (ITSAP) pays a portion of telephone installation and/or monthly service fees for qualifying households. Benefits are funded by telephone companies using monthly fees collected from service customers. During SFY 2014, the program served an average of 14,022 households per month, with a monthly benefit of approximately \$11.75 per household. Benefits for the state fiscal year totaled approximately \$2 million.

**Telephone Service Assistance Program
Avg. Monthly Households and Annual Expenses**



Division of Public Health

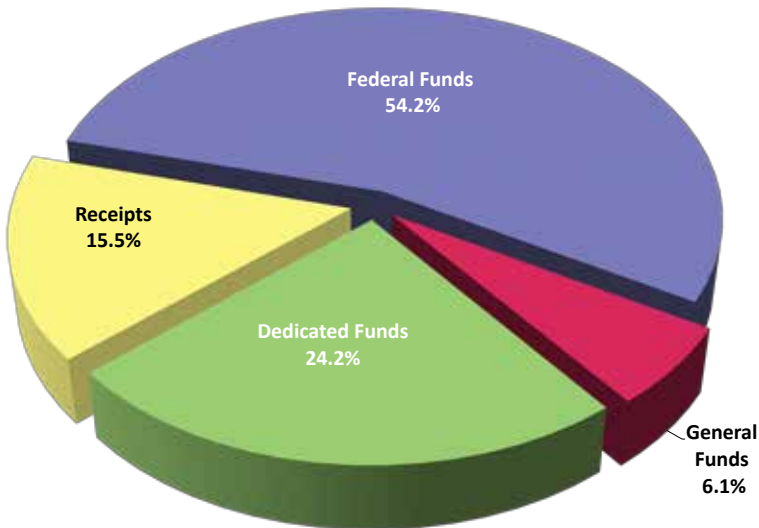
Elke Shaw-Tulloch, Administrator, 334-5950

The Division of Public Health provides a wide range of services that includes immunizations, disease surveillance and intervention, regulating food safety, certifying emergency medical personnel, vital records administration, compilation of health statistics, and preparedness for health or safety emergencies. The division's programs and services promote healthy lifestyles and prevention activities while monitoring and intervening in disease transmission and health risks as a safeguard for Idaho citizens.

The division contracts with local public health districts and other providers to offer many services throughout the state. Immunizations, epidemiology, prevention of sexually transmitted diseases, food protection, and oral health are examples of programs coordinated between state and local public health districts.

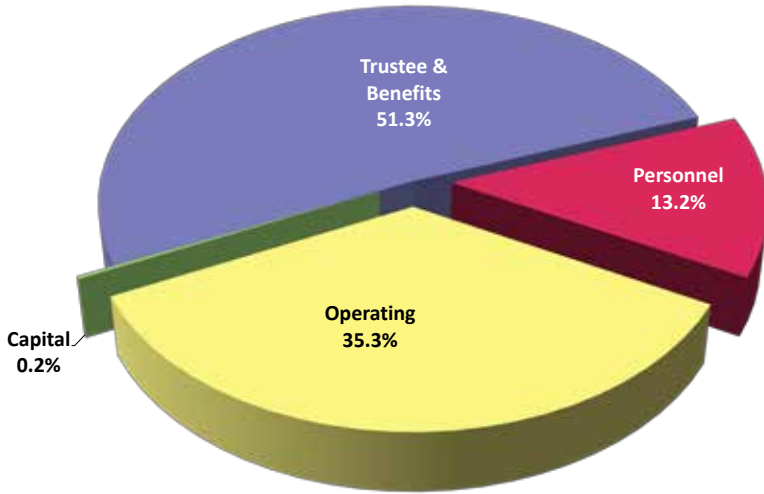
The division includes the bureaus of Clinical and Preventive Services; Community and Environmental Health; Emergency Medical Services and Preparedness; Laboratories; Vital Records and Health Statistics; Rural Health and Primary Care; Business Operations; and Communicable Disease Prevention.

Public Health SFY 2015 Funding Sources

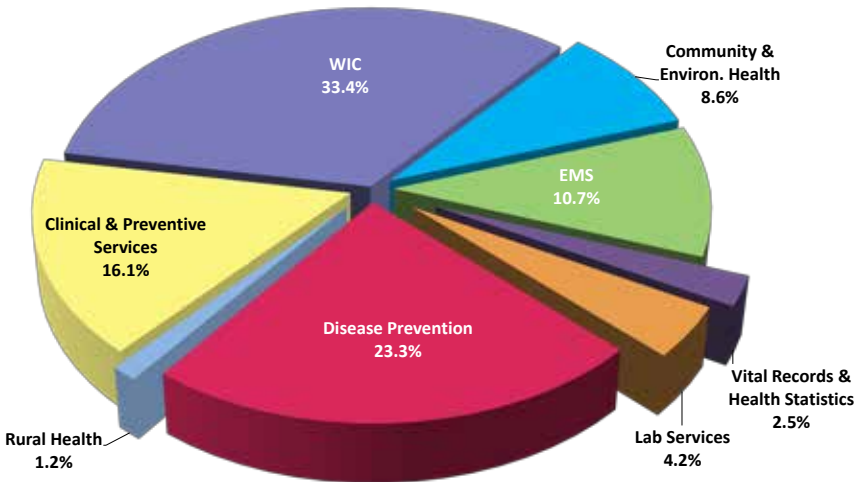


Authorized FTP: 213.5; Original SFY 2015 Appropriation: General Funds \$6.8 million, Total funds \$110.6 million; 4.4% of Health and Welfare funding.

Public Health SFY 2015 Expenditure Categories



Public Health Spending by Program



2014: Protecting Public Health for Idaho

- The Bureau of Public Health Business Operations led a strategic planning process that resulted in the division's first strategic plan. The plan includes a strategic map that succinctly identifies the goals and priorities of the division over the next three years. Priorities focus on staff development, defining and promoting the role of public health, division communication, and progress toward public health accreditation.
- The Bureau of Rural Health and Primary Care is establishing a new state loan repayment program for clinicians serving designated Health Professional Shortage Areas. Idaho loan repayment opportunities are very limited and this new program will establish the first multi-discipline, state-based loan repayment program for clinicians and physicians. The loan repayment is provided through a federal grant and every award must be matched dollar for dollar with funds provided by the clinician's employer. Participating sites must implement a sliding fee scale for low-income and uninsured patients. Loan repayment awards can range from \$10,000-\$25,000 per year, depending on the discipline and matching contributions.
- Project Filter, Idaho's comprehensive Tobacco Prevention and Control Program, was recognized in January 2014 by the North American Quitline Consortium in a recent issue paper for offering eight weeks of free nicotine replacement therapy (NRT) (nicotine gum, lozenges, and patches). Capitalizing on many smokers' New Year's resolutions to quit, Project Filter launched a paid-media promotion advertising the NRT offering. As a result, the Idaho QuitLine experienced its highest monthly enrollment in the program's history, with over 1,300 tobacco users registering for services. Due to the successful enrollment during the January campaign, Project Filter offered eight weeks of free NRT to eligible individuals starting July 1, 2014 and will continue throughout the year contingent on available funding.

Evidence in the U.S. Public Health Service Clinical Practice Guidelines demonstrates that an intervention using both medication and counseling, such as a QuitLine, is four times more effective than quitting tobacco "cold turkey." Depending on the NRT product and an individual's tobacco and medical history, clinical recommendations for length of NRT use generally range from 8 to 12 weeks.

- The Maternal and Child Health Program is leading Idaho's work related to the Infant Mortality Collaborative Improvement and Innovation Network (COLIN). Through a COLIN state team consisting of Title V directors, the major health systems, March of Dimes, Medicaid, data experts, and providers, a state plan is being developed to reduce infant morbidity and mortality. Additionally, the partnership established in 2013

between the Maternal and Child Health Program, Medicaid's Children's Healthcare Improvement Collaboration, and Public Health Districts 6 and 7 has seen many successes over the last 12 months. The primary objective of this collaboration was to introduce patient-centered medical home (PCMH) and evidence-based quality improvement strategies to primary care providers for children with special health care needs in rural parts of Idaho. As of July 2014, all participating clinics had completed participation in the adolescent depression screening learning collaborative, which resulted in increased rates of screening for depression and substance use among adolescents. Further, participating clinics have realized improvements in patient care and clinic processes with the help of the public health district's medical home coordinators.

- While Idaho was the 32nd United States jurisdiction to begin the installation process of the State and Territorial Exchange of Vital Events (STEVE), Idaho was the third jurisdiction to complete all aspects needed to be classified as fully certified with the STEVE application on August 21, 2013. By being fully certified, Idaho was able to receive over 95 percent of all non-Idaho resident birth, death, and stillbirth certificates electronically within three months of the end of the calendar year. The remaining 5 percent were attributed to jurisdictions that were not on STEVE. At this time, 50 US Jurisdictions have the STEVE application installed, but only 21 of them are listed as fully certified.
- The Idaho Bureau of Laboratories (IBL) environmental program has continued their partnership with the Idaho Department of Water Resources for a third year. This contract enables IBL to provide water quality testing for 25 parameters that IDWR monitors for the statewide ground water monitoring program. The goal for 2014 is to have between 225 to 250 sites monitored in Idaho.
- The IBL clinical section has developed and implemented new methods for detection of DNA mutations that indicate drug resistance in tuberculosis. With turn-around times as little as 48 hours, these tests allow for preliminary information on treatment guidance. Conventional drug susceptibility tests could take several weeks to complete and may postpone a physician's choice of therapy more suited to the patient's infection.
- The IBL emergency preparedness and clinical sections performed a variety of tests related to a gastroenteritis outbreak during the summer and autumn of 2013 among rafters on the Middle Fork of the Salmon River. Large water volumes from the river and filtered river water at launch sites were collected and submitted to IBL for concentration to improve pathogen detection. Along with swabbed surfaces (e.g., water spigots, outhouse door handles), these samples and clinical specimens

from ill persons were tested, with results identifying multiple pathogens that included norovirus, Giardia, and Shiga toxin-producing E. coli.

- Legislation was passed during 2014 that made the Idaho Time Sensitive Emergency (TSE) program a reality. The TSE program is a statewide system of care focused on trauma, stroke and heart attack care to improve patient outcomes. The TSE system is led by a governor-appointed 17-member council. Trauma, stroke and heart attack are historically three of the top causes of deaths in Idaho. It has been demonstrated in numerous other states that addressing these acute conditions in a systematic manner improves patient outcomes. Most other states have trauma systems and many have stroke and/or heart attack systems as well. Idaho is the first state to create a program that includes trauma, stroke and heart attack in a single system. The vision for Idaho TSE includes the entire continuum of care from prevention, acute care through rehabilitation. The Bureau of Emergency Medical Services and Preparedness is the administrative home to the TSE System. The TSE Council is establishing six regional TSE Committees for collaboration, system development and process improvement. The TSE program hopes to have the regional committees formed and to begin the designation process for local facilities by the end of 2014.

Bureau of Clinical and Preventive Services

Clinical and Preventive Services are delivered primarily through contracts with local public health districts. Programs include Family Planning, STD and HIV, Maternal and Child Health programs (including newborn screening, home visiting and services for children with special healthcare needs), Women's Health Check cancer screening, and the Women, Infants and Children (WIC) nutritional program.

Family Planning, STD and HIV Programs

The Family Planning, STD and HIV Programs administer funding to seven local public health districts that provide comprehensive family planning services for Idaho residents at 42 clinic sites, including services offered at juvenile detention centers and migrant farm locations. During calendar year 2013, the Family Planning Program saw 19,058 clients (30,763 visits); 6.3 percent of those clients (1,192) were 15-17 years old. In CY 2013, 86 percent of participants had household incomes of 150 percent or less of the federal poverty level.

The national target for Healthy People 2020 is to reduce the pregnancy rate to 36 pregnancies per 1,000 females ages 15-17. Idaho's teen pregnancy rate is well below the Healthy People 2020 goal and also below the average national rate of 40.2 pregnancies per 1,000 females

aged 15-17. Idaho's current teen pregnancy rate of 11.1 is 47 percent lower than it was 10 years ago, when the Idaho rate was 20.9 per 1,000 teens.

Idaho Teen Pregnancy Number and Rate, Females Ages 15-17 Years

CY	Number	Rate per 1,000 Females
2013	375	11.1
2012	496	14.8
2011	488	14.6
2010	618	18.5

Note: Idaho teen pregnancy numbers and rates are based on live births, induced abortions, and reportable stillbirths (only those fetal deaths with a gestational period of 20+ weeks or which weigh 350+ grams are required to be reportable by law). The U.S. teen pregnancy rate includes live births, induced abortions, and all fetal deaths. Because fetal deaths are an extremely small proportion of teen pregnancy outcomes for Idaho (less than 1 percent) and are a sizable proportion of teen pregnancy outcomes for the U.S. (estimated 18 percent), Idaho and U.S. rates are not comparable.

The HIV, STD, and Hepatitis Programs also operate the Sexually Transmitted Disease, HIV Prevention, HIV Care, and Adult Viral Hepatitis Prevention projects. The projects work in partnership with local public health districts and community-based organizations to prevent the transmission of chlamydia, gonorrhea, syphilis, HIV, and adult viral hepatitis through education and prevention skills building. Services to the public also include targeted STD/HIV testing, treatment, and management of exposed partners.

Compared to 2009, the reported cases of chlamydia in 2013 increased by 41.3 percent from 3,842 cases to 5,428 and the reported number of syphilis cases increased 35.5 percent from 31 cases to 42 cases. Reported cases of gonorrhea in 2013, when compared to 2009, increased 91.8 percent, from 110 reported cases to 211.

For data covering the last two calendar years of 2012-2013, chlamydia increased 18.1 percent, gonorrhea increased 25.1 percent and syphilis decreased by 21.6 percent. For more information, please visit www.safesex.idaho.gov.

Rate of Sexually Transmitted Diseases

CY	Chlamydia	Gonorrhea	Syphilis
2013	336.7	13.1	2.6
2012	285.1	10.5	3.3
2011	296.5	10.2	2.6
2010	268.4	9.4	1.4

Note: Rates per 100,000 of population. For HIV/AIDS data, please see Bloodborne Diseases on page 97.

Women, Infants and Children (WIC) Program

WIC offers nutrition education, nutritional assessment, and vouchers for healthy foods to low-income families to promote optimal growth and development. It is entirely federally funded. WIC provides an average of \$53 per participant each month in grocery vouchers for prescribed healthy foods based on a nutrition assessment. The program also provides counseling in nutrition and breastfeeding to more than 79,000 participants annually. WIC services are delivered through the seven Idaho public health districts, Benewah Health and Nimiipuu Health.

Clients Served Monthly and Average Monthly Voucher Value

Year	SFY 2010	SFY 2011	Feb.-July 2012	SFY 2013	SFY 2014
Clients Served	47,257	44,691	43,858	43,887	41,616
Average Voucher	\$49	\$48	\$50	\$53	\$53

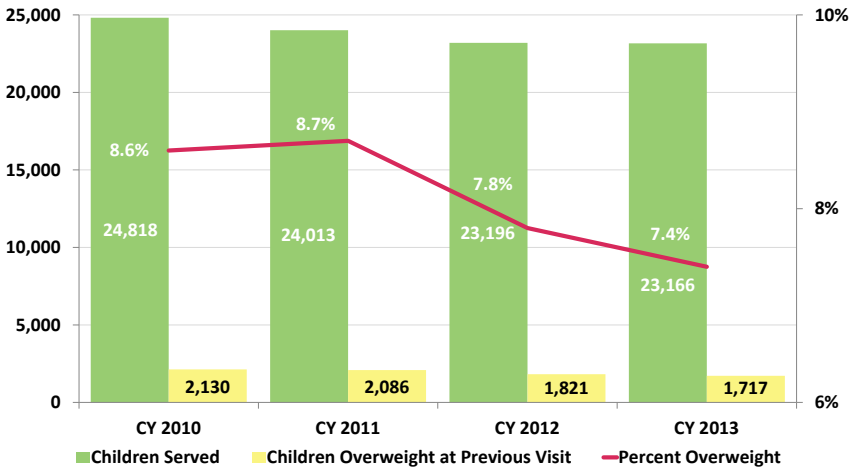
**Note: WIC Program began new tracking system in 2012; average monthly data are based on six months (Feb-July 2012).*

WIC provides parents and caretakers with vouchers to purchase specific foods based on client nutritional risks. WIC education focuses on encouraging families to eat meals together, make healthy food choices, eat more fruits and vegetables, limit TV viewing, increase play and activity, limit juice intake, and avoid soda.

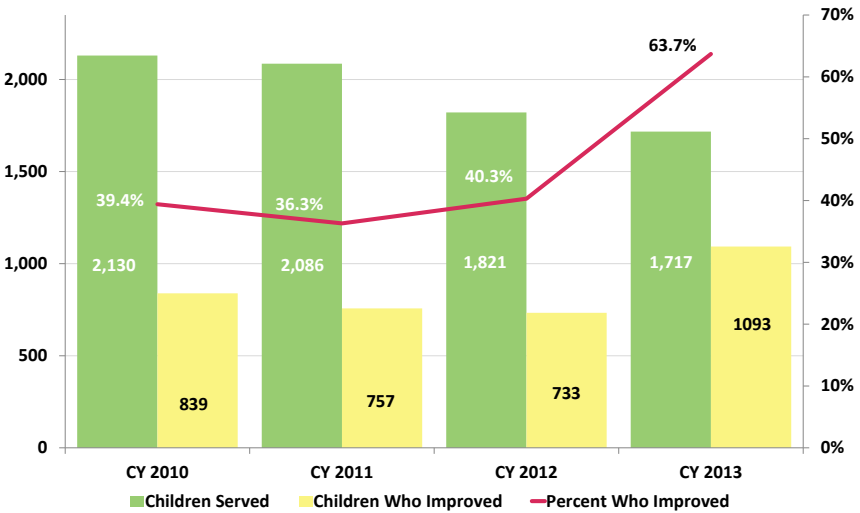
Participants typically attend nutrition education sessions two times every six months. In addition to clinical assessments related to nutritional status, children are weighed at each visit to measure the status of their weight and height to obtain their Body Mass Index (BMI).

In 2013, 1,714 children served by WIC ages 2 to 5 years (7.4 percent) were overweight at a previous visit to WIC. Through WIC nutritional counseling, 1,093 children (63.8 percent) improved their weight status at their recertification visit. For more information, please visit www.WIC.dhw.idaho.gov.

Children Served and Those Overweight, Ages 2-5



Overweight Children (age 2-5 years) with Improved Status



Women's Health Check

Women's Health Check offers free mammography to women ages 50-64 and Pap tests to women ages 40-64 who have incomes below 200 percent of federal poverty guidelines and who have no insurance coverage for breast and cervical cancer screening. The program is funded through the Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program, established as a result of the Breast and Cervical Cancer Mortality Prevention Act of 1990. During SFY 2011, the Idaho Millennium Fund supported limited diagnostic tests for women ages 19-29 who had "suspicious" screening test results for cancer. During SFYs 2012 to 2014, Idaho Millennium Funds helped support an increase in the number of older women served, the program's targeted populations, along with tobacco use and cessation evaluation for WHC clients.

Every Woman Matters is a law passed by the 2001 Idaho Legislature that provides cancer treatment coverage through Medicaid for women enrolled, screened, and diagnosed through Women's Health Check. Individuals not enrolled in Women's Health Check but diagnosed with breast or cervical cancer do not qualify for coverage under the Every Woman Matters law.

Women's Health Check has screened women in Idaho since 1997. The number of active providers has increased from year-to-year to more than 400 statewide, allowing more women to be referred to the program and screened statewide. The average age at screening is 52.

Year	Women Screened	Breast Cancer Diagnosed	Cervical Cancer Diagnosed	Pre-Cervical Cancer Diagnosed
SFY 2014*	3,975	58	6	28
SFY 2013	4,717	79	4	49
SFY 2012	4,476	77	3	52
SFY 2011	4,696	77	3	58
SFY 2010	4,702	85	4	62

**Data are based on records as of Sept. 2, 2014 and are preliminary.*

Maternal and Child Health Newborn Screening Program

The Newborn Screening Program works with hospitals, birthing centers, and other healthcare providers to ensure that all babies born in Idaho are screened for more than 46 harmful or potentially fatal conditions, including phenylketonuria (PKU), cystic fibrosis, galactosemia, congenital hypothyroidism and others. Through early detection, newborn screening provides an opportunity for diagnosis and treatment. Timely treatment allows for normal growth and development and a reduction in infant morbidity and mortality. Most infants with conditions identified through screening show no obvious signs of disease immediately after birth. It is only with time that the possible conditions affect the infant's health and development.

In Idaho, two newborn screens are conducted—one within 24 to 48 hours of birth and the second between 10 to 14 days of life. Some conditions are detected on the first screen and others on the second screen. For each screen, a small amount of blood is collected from the baby's heel and placed on special filter paper. The filter paper is sent to a regional laboratory for testing. The Newborn Screening Program coordinates with the laboratory and a baby's healthcare provider when a screening is positive for a condition to ensure timely diagnosis and treatment.

The Newborn Screening Program has been screening Idaho babies since 1963. New technology allows screening for a large number of conditions from a small amount of blood. While each of the screened conditions is rare, collectively they affect about 1 in 1,000 infants. On average, there are 20 to 30 diagnosed conditions each year in Idaho.

For more information, please visit www.NBS.dhw.idaho.gov.

**Number of Babies Screened, Presumptive Positives,
and Diagnosed Conditions by Year**

Year	Babies Screened	Presumptive Positives	Diagnosed Conditions
CY 2013	21,769	1,067	19
CY 2012	22,185	875	19
CY 2011	21,706	614	19
CY 2010	22,751	691	29

**Data are based on babies receiving 1st newborn screen.*

Number of Diagnosed Conditions by Type and Year				
Condition	CY 2010	CY 2011	CY 2012	CY 2013
Phenylketonuria	0	1	0	1
Congenital Hypothyroidism	12	4	7	6
Galactosemia	0	1	0	1
Cystic Fibrosis	4	6	4	4
Other	13	7	8	7

Bureau of Communicable Disease Prevention

The Bureau of Communicable Disease Prevention encompasses programs that monitor disease trends and epidemics, assists newly arrived refugees in receiving health screenings, helps safeguard Idaho's food supply, and prevents diseases through vaccinations.

Epidemiology

Epidemiology staff track trends in reportable diseases that impact Idahoans, including whooping cough, salmonellosis, tuberculosis, and influenza. They offer consultation and direction to public health districts on the investigation and intervention of diseases; develop interventions to control outbreaks and prevent future infections; and deliver tuberculosis consultation and treatment services.

Disease surveillance capacity in Idaho is increasing with advances in the use of electronic reporting systems. Since 2005, disease surveillance has grown from completely paper-based reporting to full implementation of a web-based electronic disease reporting system, the CDC-supported National Electronic Disease Surveillance System (NEDSS). More than 90 percent of reports from laboratories are handled electronically. A statewide system to track outbreaks is under development and expected to be fully implemented in 2015. The use of electronic systems significantly reduces the length of time it takes to receive and respond to reports of disease and intervene during outbreaks.

Bloodborne Diseases

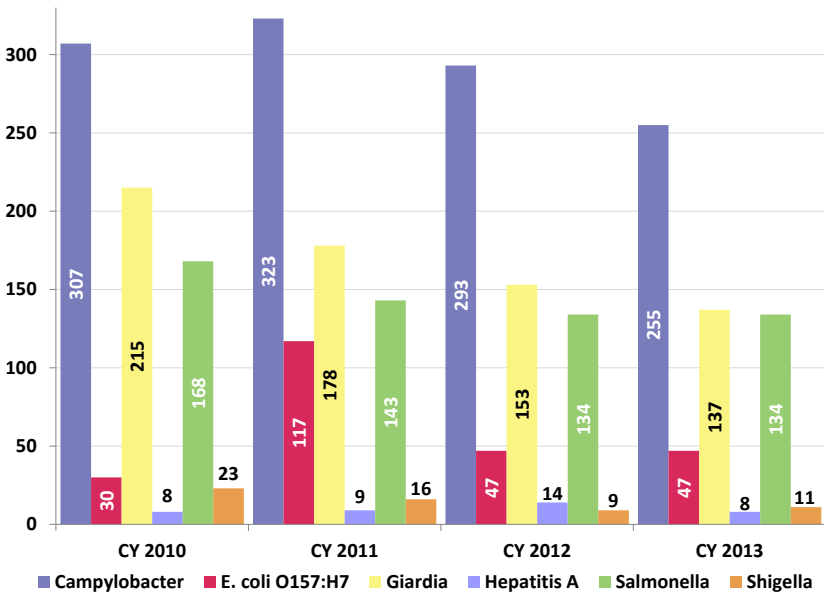
Bloodborne diseases, such as hepatitis B and C, and HIV, are usually transmitted through infected blood by sharing contaminated needles, transfusions, or in the exchange of bodily fluids during sexual contact.

	CY 2010	CY 2011	CY 2012	CY 2013
Bloodborne Diseases	74	67	59	64
New HIV/AIDS Reports	53	50	41	39
Idaho Residents Living with HIV/AIDS*	1,294	1,377	1,356	1,535
Acute Hepatitis B	9	3	6	12
Acute Hepatitis C	12	14	12	13

*HIV/AIDS presumed living in Idaho is defined as all reports of HIV or AIDS in Idaho, regardless of residence at diagnosis and not reported as deceased.

Enteric Diseases (Diseases of the Intestine)

Enteric diseases affect the gastrointestinal system and are transmitted primarily through contaminated food, water, or hand-to-mouth because of inadequate handwashing after bathroom use.



Food Protection

The Food Protection Program works to protect the public from illnesses associated with the consumption of food. The program provides oversight, training, and guidance to environmental health specialists at local public health districts in Idaho, and updates rules regulating food safety.

Local public health partners perform inspections of food facilities, conduct investigations of complaints, and provide education to food establishments to prevent foodborne outbreaks. Epidemiologists at the state and public health districts work closely with the Food Protection Program and public health district environmental health specialists to investigate suspected and confirmed foodborne illnesses arising from licensed food establishments and other sources, taking steps to reduce disease and prevent outbreaks.

	SFY 2011	SFY 2012	SFY 2013	SFY 2014*
Foodborne Outbreaks	9	11	14	7
Licensed Food Establishments	4	8	1	2
Other Sources/Venues	4	3	3	5
People Ill	29	92	33	54

NOTE: Data are provisional. Only confirmed and probable outbreaks and cases are counted.

Refugee Health Screening Program

The Refugee Health Screening Program's primary responsibility is to ensure that refugees receive a complete health screening and necessary follow-up care when they arrive in Idaho.

Program goals include:

- Ensure follow-up with medical issues identified from an overseas medical screening.
- Ensure early identification and management of refugees infected with, or at risk for, communicable diseases of potential public health importance.
- Identify and refer refugees for evaluation of health conditions that may adversely impact effective resettlement and quality of life.
- Introduce refugees to the Idaho healthcare system.

In addition, the Refugee Health Screening Program works with other staff with expertise in tuberculosis, immunizations, infectious diseases and epidemiology. The program also engages community partners such as the Idaho Division of Welfare and the Idaho Office for Refugees to ensure newly arrived refugees are provided the resources and assistance necessary to become integrated and contributing members of Idaho communities.

Immunization Program

The Idaho Immunization Program (IIP) is a multifaceted program that strives to increase immunization rates and awareness of childhood diseases that are preventable if children get vaccinated. IIP provides educational resources to the general public and healthcare providers. It also oversees the federally funded Vaccines For Children (VFC) program in Idaho, which provides vaccines for children who are covered by Medicaid, or are uninsured, American Indian or Alaskan Native.

Using both federal and state funds, IIP distributes vaccines to private and public healthcare providers free of charge for all Idaho children from birth through age 18. Healthcare providers can charge a fee for administering a state-supplied vaccine, but they cannot charge for the vaccine itself. This practice ensures all Idaho children have access to recommended vaccines, regardless of their ability to pay.

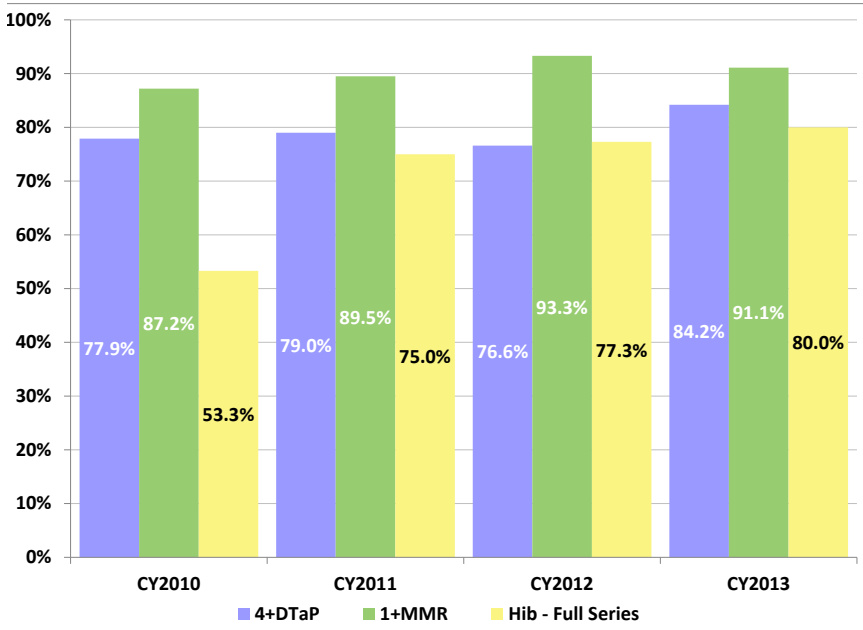
The IIP also conducts quality assurance site visits with enrolled VFC providers. Site visits are important opportunities to provide information on vaccine efficacy, updates regarding state and national immunization trends, disease outbreaks, new vaccines, and recommendations by the national Advisory Committee on Immunization Practices (ACIP).

IIP works with schools and licensed childcare providers to increase the number of children who receive all ACIP-recommended immunizations. School and childcare outreach activities include site visits and educational opportunities for school nurses and facility staff. During these visits, IIP staff reviews immunization records and provides training sessions to increase the knowledge of school nurses and staff regarding the immunization schedule, school or childcare immunization rules, and protocols for vaccine-preventable disease outbreaks among children in the facility.

For the 2013 to 2014 school year, 82.4 percent of children enrolled as kindergartners in Idaho schools were adequately immunized in compliance with the standards set in Idaho Administrative Rules.

Number of Childhood Vaccine Preventable Diseases				
Disease	CY 2010	CY 2011	CY 2012	CY 2013
Haemophilus influenzae b (Hib, invasive)	0	1	0	0
Measles	0	0	0	0
Mumps	1	2	0	0
Pertussis (whooping cough)	187	192	235	237
Rubella	0	0	0	0
Total	188	195	235	237

Immunization Rates for Select Childhood Vaccines



Data are from the National Immunization Survey of children ages 19 - 35 months. DTaP = diphtheria, tetanus, and pertussis vaccine; MMR = measles, mumps and rubella vaccine; Hib = *Haemophilus influenzae* type b vaccine (Hib - Full Series sampling started in 2010).

Immunization Reminder Information System (IRIS)

IRIS is a web-based immunization information system operating since 1999 that allows health care providers, schools, and childcare facilities access to vaccine records for people of all ages who live in Idaho.

IRIS was an "opt-in" registry until 2010, meaning people had to provide consent before their records could be stored in IRIS. Beginning in July 2010, Idaho's registry became "opt-out." This means all babies born in Idaho are entered into IRIS via their electronic birth certificates. IRIS remains a voluntary registry because parents and/or legal guardians can have their children's records removed at any time.

The IRIS database was migrated to a new code platform in 2012 and is now based on the open-source Wisconsin Immunization Registry (WIR). Versions of the nationally recognized WIR system are deployed in more than 20 states.

Idahoans Enrolled in Registry

	SFY 2011	SFY 2012	SFY 2013	SFY 2014
Ages 0-35 months	72,219	68,513	73,973	81,504
Ages 3-5 years	82,811	84,353	89,969	88,266
Ages 6-18 years	280,002	303,076	353,664	374,247
Ages > 18 years	474,730	555,531	670,659	747,163
Total	909,762	1,011,473	1,188,265	1,291,174

Vaccine Distribution

The IIP provides vaccines for VFC-eligible children through the VFC Program, sponsored by the federal Centers for Disease Control and Prevention (CDC). It also purchases additional vaccines for all other Idaho children. For each of the last three years, the program distributed more than 600,000 vaccine doses statewide to approximately 330 providers, including local public health districts, hospitals, clinics, and private physicians.

Vaccine Adverse Event Reporting System (VAERS)

In SFY 2014, Idaho submitted 18 reports to the Vaccine Adverse Events Reporting System. Reports contain possible adverse reactions to vaccines, as reported by physician offices and public health districts.

This vaccine reporting system evaluates each report to monitor trends in adverse reactions for any given vaccine. The majority of adverse reactions are mild and vary from pain and swelling around the vaccination site to fever and muscle aches. Serious adverse reactions to vaccines rarely occur.

Number of Adverse Reactions and Rate per 10,000 Vaccinations

	Adverse Reactions	Vaccines Administered	Rate/10,000
SFY 2014	18	951,841	0.1
SFY 2013	13	818,965	0.2
SFY 2012	34	827,028	0.4
SFY 2011	33	860,691	0.4

Idaho Bureau of Laboratories

The primary role of the Idaho Bureau of Laboratories (IBL) is to provide laboratory services to support the programs within DHW, the public health districts, and other state agencies. The bureau offers a broad range of services in four areas:

1. Testing

- Communicable disease agents in clinical specimens: Enteric, respiratory, vaccine preventable, zoonotic, sexually transmitted, and emerging infectious diseases;
- Contaminants in environmental water, food, and soil samples: Acute and chronic contaminants regulated by the Safe Drinking and Clean Water Acts;
- Biological and chemical threats: Agents of biological or chemical terrorism.

2. Inspection

- Clinical and environmental laboratories;
- X-ray and mammography units;
- Air quality monitoring stations.

3. Training

- Technical consultation and work force development;
- Continuing education seminars and tele-lectures;
- Presentations at local, regional, and national conferences, meetings, workshops and universities.

4. Outreach

- Maintenance of a public-private Sentinel Laboratory Network;
- Development and validation of new analytical methods;
- Publication and presentation of applied public health research.

IBL employs 40 highly trained scientific, administrative, and support staff in a facility in Boise. The bureau is certified by the Environmental Protection Agency for drinking water analysis and serves as the principal state laboratory for the Idaho Department of Environmental Quality's Drinking Water Program.

IBL also is accredited by Centers for Medicare and Medicaid Services as a high complexity clinical laboratory. The bureau is the only Idaho Laboratory Response Network (LRN) Reference laboratory for biological threat agents and operates an LRN Level 2 laboratory for chemical threat agents.

Examples of services performed at IBL includes tests for:

- Threat agents such as anthrax, plague, smallpox, nerve gas, ricin, and toxic metals;

- Foodborne diseases such as salmonella, E. coli O157:H7, and norovirus;
- Vaccine-preventable diseases such as pertussis, measles, mumps, and chicken pox;
- Respiratory diseases such as tuberculosis, influenza, SARS, and hantavirus;
- Animal-associated diseases such as rabies and West Nile virus;
- Environmental tests for air pollutants such as ozone or particulate matter;
- Mercury content in fish; and
- Public drinking water tests that include total coliforms, E. coli, and regulated chemicals such as pesticides, nitrates, arsenic and cyanide.

The bureau's Clinical Laboratory Inspector and Certification Officers conduct on-site evaluations and records review to support the registration and certification of clinical and environmental laboratories that provide testing services in Idaho. The testing proficiency of all laboratories is monitored regardless of the accrediting agency.

The number of inspected clinical laboratories in the chart below refers only to those inspected by the Clinical Laboratory Inspector under CLIA regulations. This does not include 56 JCAHO, CAP, and COLA laboratories in Idaho.*

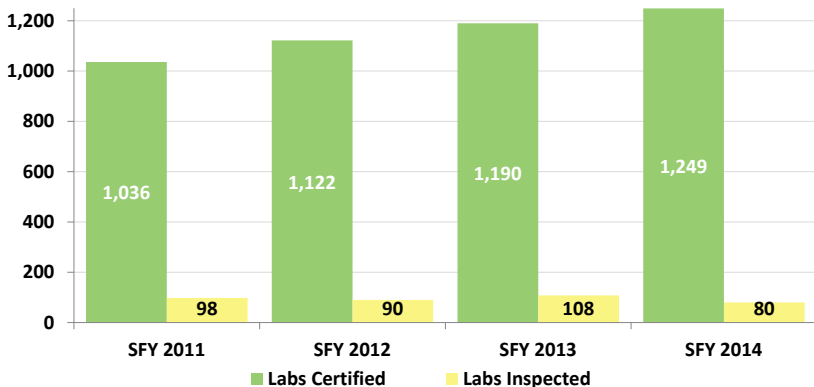
*CLIA: Clinical Laboratory Improvement Amendments.

JCAHO: Joint Commission on Accreditation of Healthcare Organizations.

CAP: College of American Pathologists.

COLA: Commission of Laboratory Accreditation

Number of Labs Certified and Inspected



Note: Not all certified labs are inspected. The portion of labs DHW inspects has decreased slightly in the last few years due to changes in federal laws that reduce the number of labs requiring on-site inspections. The bureau only inspects medium to high complexity labs, which account for 151 of the state's 1,249 registered labs.

For more information about the Idaho Bureau of Laboratories please visit:
www.statelab.idaho.gov.

Bureau of Community and Environmental Health

The Bureau of Community and Environmental Health promotes and protects the health of people by providing:

- Technical assistance and analysis for injury prevention activities;
- Strategies to reduce risk behaviors;
- Programs to prevent and control chronic diseases;
- Policies and strategies to prevent and reduce exposure to contaminants; and
- Leadership, education and outreach programs.

The Bureau is made up of these programs:

- Comprehensive Cancer Control;
- Respiratory Health (tobacco);
- Physical Activity and Nutrition;
- Oral Health;
- Diabetes Prevention and Control;
- Heart Disease and Stroke Prevention;
- Injury Prevention; and
- Environmental Health, which includes Indoor Environment, Environmental Health Education and Assessment, and Toxicology.

Tobacco Prevention and Control

The Tobacco Prevention and Control Program works to create a state free from tobacco-related death and disease. Called "Project Filter," the program addresses tobacco use and secondhand smoke exposure by promoting healthy behaviors. The program fosters statewide coordination for successful tobacco control with these program goals:

- Prevent initiation of tobacco use among youth;
- Promote tobacco cessation among users;
- Eliminate exposure to secondhand smoke; and
- Identify and eliminate tobacco-related disparities.

Idaho is tied for 15th best in the nation for its low percentage of adults who smoked in 2013, which was 17.2 percent. The national average of adults who smoked was 19.0 percent. In 2012, 16.4 percent of Idaho adults smoked.

The Idaho Department of Education conducts a survey of high school students every other year that collects data on smoking prevalence among adolescents. The most recent survey, from 2013, shows 12.2 percent of Idaho high school students smoked one or more cigarettes in the 30 days prior to the survey, which is down from 14.3 percent in 2011.

Physical Activity and Nutrition Program

The Idaho Physical Activity and Nutrition Program (IPAN) promotes a culture of health and vigor by encouraging and enabling all Idahoans to be physically active and make healthy food choices. IPAN promotes these ideals by enhancing education and awareness, supporting successful community programs and practices, and encouraging community designs and public policies that take citizens' health into account.

During 2013, Idaho ranked 23rd nationally for obesity, according to The State of Obesity: Better Policies for a Healthier America. The adult obesity rate in Idaho is 29.6 percent, with obesity defined as having a Body Mass Index (BMI) of 30 or higher. In 2013, Idaho high school students had an obesity rate of 9.6 percent, ranking Idaho 39th nationally. Obesity rates in children ages 2 to 4 declined from 12.3 percent in 2008 to 11.5 percent in 2011, a statistically significant decrease.

IPAN continues to work on combating the obesity epidemic through initiatives that facilitate physical activity and healthy eating. In 2010, only 32.9 percent of Idaho adults reported having consumed fruits the recommended two or more times per day, while only 27.8 percent reported having consumed vegetables the recommended three or more times per day. Just over half of Idaho adults (52.1 percent) achieved the recommended physical activity levels per week, and 21 percent reported not participating in any physical activity over the past month. For Idaho youth, only 28.1 percent consumed the recommended level of fruits over the past week, while only 11.1 percent consumed the recommended daily allowance of vegetables. For activity, only 27.6 percent of Idaho's youth reported being active for at least 60 minutes/day over the past week.

Fit and Fall Proof™

The Idaho Physical Activity and Nutrition Program contracts with local public health districts to implement a fall prevention exercise program for older adults called Fit and Fall Proof™. Fit and Fall Proof (FFP) focuses on improving balance, strength, flexibility, and mobility to reduce the risk of falling, in addition to increasing participants' emotional and social well-being.

From 2011-2013, falls were the leading cause of accidental injury deaths among Idahoans aged 65 and older. During this time, 86 percent of all unintentional deaths by falls were among individuals ages 65 and older. In 2008, Idaho Emergency Medical Services responded to 6,684 fall-related calls for individuals 65 and older. Sixty-three percent of those who fell were

transported to a hospital. A greater proportion of females (56 percent) fell than males (44 percent). It is estimated the costs associated with fall-related calls in Idaho is as high as \$35 million.

Participation in FFP classes continues to expand in Idaho's local public health districts. During fiscal year 2011, the Center for the Study of Aging at Boise State University developed and conducted a survey of current FFP participants statewide. A total of 895 surveys were completed by FFP program participants from all seven of Idaho's local public health districts. The survey results found a statistically significant difference between pre- and post-participation confidence levels associated with maintaining balance when getting in and out of a chair, going up and down stairs, reaching for something, and taking a bath or shower. Additionally, more than 50 percent of respondents reported increased stability, energy, and confidence in preventing a fall, while 75 percent developed stronger social connections resulting from participation in the FFP program.

One of the greatest themes from the survey results was that of strong social interaction and enhanced well-being associated with participating in FFP. The study revealed high levels of satisfaction and evidence that participation had a positive impact on maintaining balance, preventing falls, increasing energy, and improving social connections. These findings are particularly important as Idaho strives to enhance community-based environments that promote physical activity, injury prevention, and "aging in place."

Injury Death Rate Due to Accidental Falls			
	<65 years	65+	Total
CY 2013	1.9	74.8	12.0
CY 2012	1.7	84.2	12.7
CY 2011	2.5	80.5	12.5
CY 2010	2.0	65.2	9.8

*Rate per 100,000 population in age group.

Number of Deaths Due to Accidental Falls			
	<65	65+	Total
CY 2013	27	167	194
CY 2012	23	179	202
CY 2011	35	163	198
CY 2010	27	127	154

Idaho Comprehensive Cancer Control Program

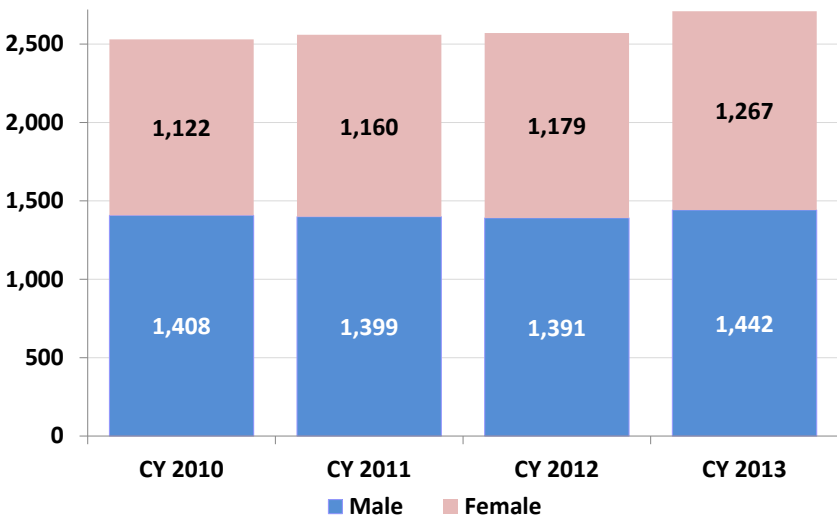
In 2008, cancer surpassed diseases of the heart as the leading cause of death in Idaho. It is estimated that 1 in 2 Idahoans will develop cancer during their lifetimes. Cancers that have good screening methods for early detection and that are highly treatable when detected early include: colorectal, skin (specifically melanoma), prostate, oral, breast and cervical cancers. Some of these can be prevented when abnormal cells are detected and removed before they become cancer.

Idaho has some of the lowest screening rates in the U.S. for these cancers. The Comprehensive Cancer Control Program is working to change that. The goal of the cancer program is to maintain and expand a coordinated, effective comprehensive cancer control program that:

- Defines and raises awareness of the burden of cancer and cancer issues in Idaho;
- Develops new resources and networks with existing resources statewide;
- Implements strategies to reduce the burden of cancer and improve the quality of life for people with, or in recovery from, cancer; and
- Increases awareness of the importance of early detection and diagnosis which leads to the improvement of cancer screening rates according to current science and recommendations.

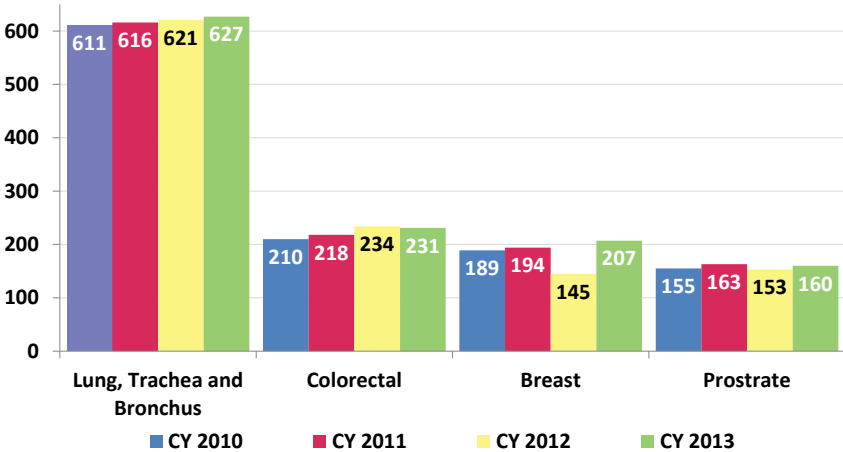
In 2013, Idaho reported 2,709 cancer deaths, increasing from 2,570 during 2012. Cancer was the leading cause of death for both males and females in Idaho in 2013.

Idaho Cancer Deaths by Gender



**Note: Colorectal cancer includes deaths caused by cancer of the colon and rectum; it does not include deaths caused by cancer of the anus. The numbers for breast cancer deaths include deaths for both men and women.*

Idaho Cancer Deaths by Primary Site of Malignancy



Diabetes Prevention and Control

The Diabetes Prevention and Control Program, funded by the Centers for Disease Control and Prevention, aims to address the following National Diabetes Program goals:

- Prevent diabetes;
- Prevent complications, disabilities, and the burden of disease associated with diabetes; and
- Eliminate health-related disparities.

A statewide network of contractors, including local public health districts, federally qualified community health centers and partners work with the Diabetes Prevention and Control Program to conduct programs and projects that address the National Diabetes Program goals. Projects are focused on improving diabetes care in the clinical setting and providing community level outreach linking people to resources that help them manage their diabetes. The main goal is to support the national effort to improve blood sugar, blood pressure and cholesterol levels. The Diabetes Prevention and Control Program also strives to reduce health disparities in high risk populations. Program partners are represented by the state diabetes partnership network called the Diabetes Alliance of Idaho.

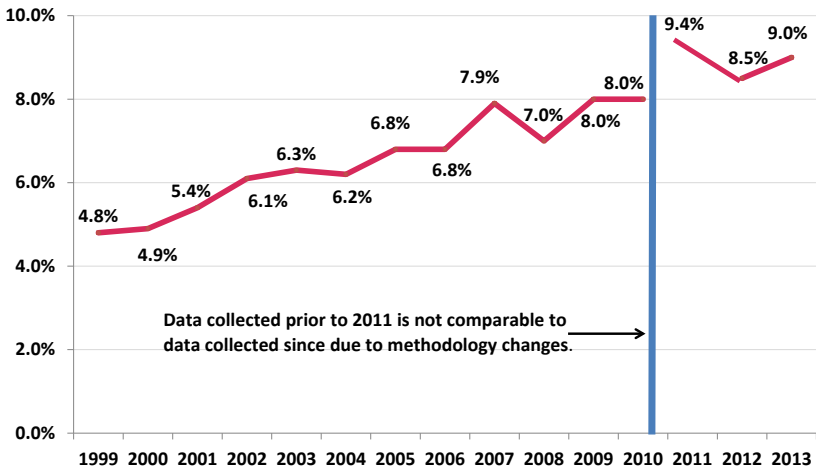
The Diabetes Prevention and Control Program and the Diabetes Alliance are guided by the Idaho Diabetes 5-Year State Plan 2008-2013. The plan serves as a framework for conducting activities related to four goals:

1. Improve quality of care;
2. Improve access to care;

3. Prevent diabetes and diabetes complications; and
4. Develop and implement effective and sustainable policy.

The prevalence of diabetes continues to increase nationally and in Idaho. The increase is driven by the rate of people who are overweight and obese, the aging population, and the number of minorities who are at high risk for developing diabetes. In Idaho, it is estimated that 9 percent of adults have been diagnosed with diabetes, compared with 10 percent of adults in the U.S. and territories in 2011.

Percent of Idaho Adults who have been Diagnosed with Diabetes 1999-2013



Oral Health

The Idaho Oral Health Program, funded by the Maternal and Child Health Block Grant, focuses on improving dental care for children and pregnant women, especially those at high risk for poor oral health because of socioeconomic status.

In September 2013, the Idaho Oral Health Program was awarded CDC funding to build the program's infrastructure and capacity for collective impact. The program also receives funding from the DentaQuest Foundation Oral Health 2014 Initiative to focus on systems changes within the two areas of Prevention/Public Health Infrastructure and Medical-Dental Collaboration.

The Oral Health Program educates the public and health professionals about oral healthcare throughout a person's life. Public-private partnerships and contracts with the local public health districts maximize the outreach and influence of the Oral Health Program.

Functions of the program include:

- Preventing early childhood caries with programs focused on dental sealants, fluoride varnish, and children's oral health education programs;
- Monitoring the burden of oral health in Idaho;
- Working with Women, Infants and Children (WIC), Head Start, the local public health districts, Medicaid, and dental insurance programs to deliver dental programs; and
- Participating as a member of the Idaho Oral Health Alliance, the state coalition representing dentists, dental hygienists, organizations and others with a dental health focus.

The Idaho Oral Health Program partnered with the Oral Health Alliance to develop the Idaho Oral Health Action Plan 2010-2015. The goals of the plan include prevention, improving access to care, and improving policy.

In Idaho, it is estimated that 46.8 percent of adults did not have dental insurance in 2012.

Heart Disease and Stroke Prevention

The Idaho Heart Disease and Stroke Prevention Program is working to address the following priority areas:

- Controlling high blood pressure;
- Controlling high cholesterol;
- Improving emergency response;
- Improving the quality of primary care; and
- Eliminating health disparities.

In partnership with the Idaho Heart Disease and Stroke Prevention Advisory Committee, the Heart Disease and Stroke Prevention Program is focusing on increasing awareness about the importance of controlling blood pressure and cholesterol, and raising awareness about the ABCS of heart disease and stroke prevention.

The ABCS are:

- A – Appropriate Aspirin Therapy
- B – Blood Pressure Control
- C – Cholesterol Management
- S – Smoking Cessation

Idaho's 2013 data shows that 6.7 percent of people 18-34 years of age reported being diagnosed with high blood pressure. The percentage increases with age, with 31.5 percent of people 35-64 years old who reported being diagnosed with high blood pressure, and 62.6 percent of people ages 65 and older who reported a high blood pressure diagnosis.

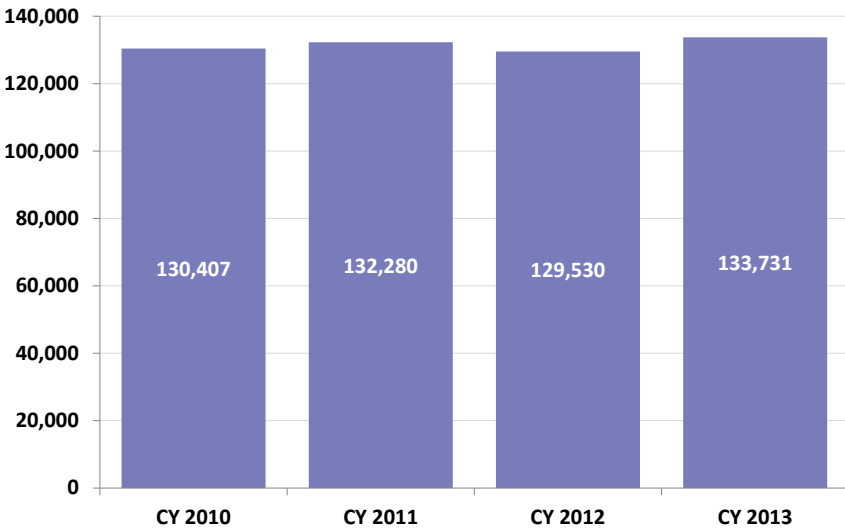
According to 2013 data for Idaho, 3.7 percent of adults surveyed had been told by a doctor, nurse or other health professional they had suffered a heart attack, also called a myocardial infarction. Of adults surveyed, 2.3 percent reported a doctor, nurse or other health professional had told them they had a stroke.

Bureau of Vital Records and Health Statistics

The Bureau of Vital Records and Health Statistics is responsible for the registration, documentation, correction, and amendment of vital events that include birth, death, marriage, paternity actions, adoption, and divorce. The bureau provides biostatistical research and analysis of health trends that can be used to develop and shape future health interventions and programs. The bureau issues vital record certificates and produces numerous statistical reports and publications.

Information for obtaining an Idaho certificate is available at www.vitalrecords.dhw.idaho.gov. For statistical reports and publications, go to www.healthstatistics.dhw.idaho.gov.

Birth, Death, Marriage and Divorce Certificates Issued



Bureau of Rural Health and Primary Care

The Bureau of Rural Health and Primary Care administers programs to improve access to healthcare in rural and underserved areas of Idaho. To accomplish this, Rural Health collects data that identifies health professional shortages, provides technical assistance, administers grants, and promotes partnerships to improve rural healthcare.

Three types of health professional shortage areas are measured in Idaho: primary care, dental, and mental health. Medical doctors in a primary care shortage area provide direct patient and outpatient care in one of the following primary care specialties: general or family practice, general internal medicine, pediatrics, obstetrics and gynecology. Federal guidelines are utilized by the bureau to establish Idaho's HPSA designations.

Idaho Geographic Area with Health Professional Shortage Area Designation

	CY 2010	CY 2011	CY 2012	CY 2013
Primary Care	96.7%	96.7%	96.7%	97.8%
Dental Care	93.9%	93.9%	95.7%	97.0%
Mental Health	100%	100%	100%	100%

The Bureau of Rural Health and Primary Care administers grants to assist health professional shortage areas and qualifying hospitals to improve access to care and support quality improvement activities. The federal Small Hospital Improvement Program (SHIP) helps hospitals meet prospective payment system requirements, improve quality outcomes and care transitions. Twenty-seven Idaho hospitals are eligible for improvement grants. In FFY 2013, 24 applied and were awarded federal funds totaling \$195,408.

The Rural Health Care Access Program (RHCAP) provides state grants to improve access to primary care and dental health services in designated shortage areas.

RHCAP Grants for Primary Care and Dental Health Shortage Areas

	SFY 2011	SFY 2012	SFY 2013	SFY 2014
Grant Requests	\$512,789	\$543,883	\$595,926	\$599,824
Amount Awarded	\$175,800	\$178,800	\$183,300	\$183,300
Applicants	19	19	21	21
Awarded	12	11	11	10

Rural Physician Incentive Program

The Rural Physician Incentive Program (RPIP) is a medical education loan repayment program for qualifying physicians serving in federally-designated Health Professional Shortage Areas. Program funds are generated by fees assessed to medical students participating in state-supported programs at the University of Washington and University of Utah. Physicians may receive up to \$50,000 over four years (\$12,500 per year) for medical education debt. In SFY 2014, 18 applications were received and five new physician applicants were awarded RPIP grants. In total, 10 Idaho physicians received medical education loan repayment through this program.

For more information regarding the Bureau of Rural Health and Primary Care please visit: www.ruralhealth.dhw.idaho.gov.

Bureau of Emergency Medical Services and Preparedness

The Emergency Medical Services and Preparedness (EMSP) Bureau supports the statewide system that responds to critical illness and injury situations. Services include:

- Licensing ambulance and non-transport EMS services;
- Licensing of EMS personnel;
- Operation of the statewide EMS Communications Center;
- Providing technical assistance and grants to community EMS agencies;
- Assessing EMS system performance.

EMS Personnel Licensure

The EMS Bureau licenses EMS personnel when minimum standards of proficiency are met. All personnel licensed in Idaho must be trained in courses that meet or exceed the national standard curriculum published by the National Highway Traffic Safety Administration.

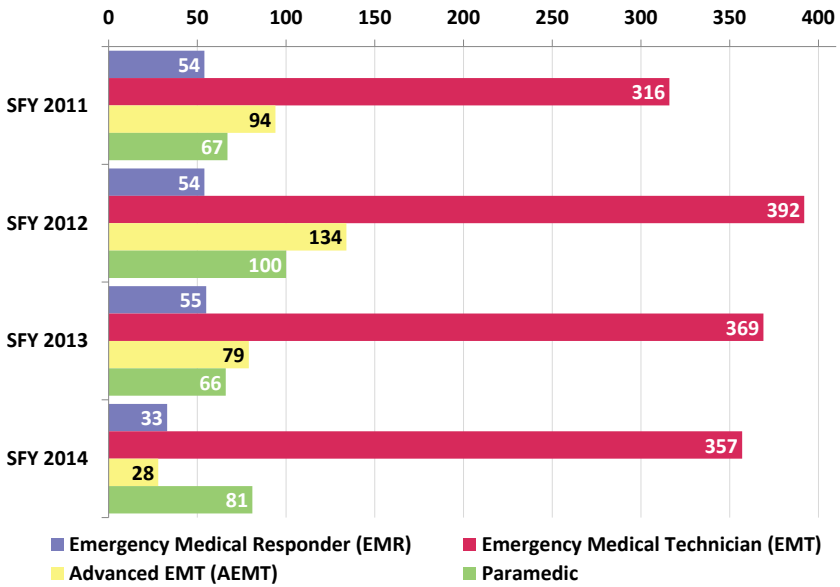
To renew an EMS personnel license, a provider must meet continuing education requirements and provide documentation of demonstrated skill proficiency. Licenses are renewed every two or three years (depending on the level of license) in either March or September.

The EMS Bureau approves instructors to teach EMS courses, evaluates EMS courses, administers certification examinations, processes applications for initial licensure and license renewal, and conducts investigations into allegations of misconduct by licensed EMS personnel, licensed EMS agencies or EMS educators.

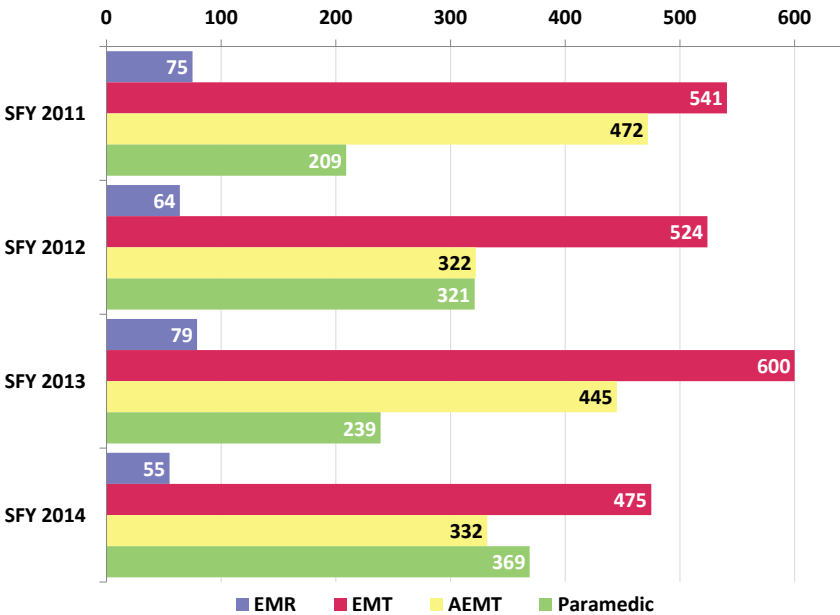
Personnel are licensed at one of four levels:

- 1. Emergency Medical Responder (EMR):** The primary focus of the EMR is to initiate immediate lifesaving care to critical patients who access the emergency medical system. The EMR is trained and licensed to provide simple, non-invasive interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies.
- 2. Emergency Medical Technician (EMT):** The primary focus of the EMT is to provide basic emergency medical care and transportation for critical and emergent patients. The EMT is licensed to provide basic non-invasive interventions focused on the management and transportation of out-of-hospital patients with acute medical and traumatic emergencies. A major difference between the Emergency Medical Responder and the Emergency Medical Technician is the knowledge and skills necessary to provide medical transportation of emergency patients.
- 3. Advanced EMT (AEMT):** The AEMT provides basic and limited advanced emergency medical care and transportation for critical and emergent patients. The AEMT is licensed to provide basic and limited advanced skills that are effective and can be performed safely in an out-of-hospital setting with medical oversight and limited training. The major difference between the AEMT and the EMT is the ability to perform limited advanced skills for emergency patients.
- 4. Paramedic:** The paramedic is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergency patients. The paramedic is licensed to provide basic and advanced skills including invasive and pharmacological interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. The major difference between the paramedic and the AEMT is the ability to perform a broader range of advanced skills and use of controlled substances.

EMS Personnel Licensure



EMS Personnel Licensure Renewal



EMS Dedicated Grants

The EMS Dedicated Grant program has operated since 2001, providing funds for EMS vehicles and patient care equipment. Funds are collected from the purchase of drivers' license and renewal fees. Of the 199 licensed Idaho EMS agencies, about 180 are eligible to apply. Qualifying applicants must be a governmental or registered non profit organization.

Transport ambulances, non-transport quick response, search and rescue and extrication vehicles have been funded through this program. Patient care equipment includes items that provide airway management, cardiac monitoring and defibrillation, communications, extrication, patient assessment, patient lifting and moving, rescue, safety, spinal immobilization, fracture management and vital signs monitoring.

EMS Dedicated Grants				
	SFY 2011	SFY 2012	SFY 2013	SFY 2014
Grant Requests	\$2.8 M.	\$2.8 M.	\$3.1 M.	\$2.5 M.
Grants Awarded	\$916,000	\$859,469	\$1.3 M.	\$1.3 M.
Vehicle Requests	28	28	30	21
Vehicles Awarded	10	9	11	11
Patient Care Equipment				
Agencies Applying	55	52	52	52
Agencies Awarded	40	33	45	46

For more information on Idaho EMS, please visit: www.IdahoEMS.org.

Public Health Preparedness Program

The Public Health Preparedness Program (PHPP) is responsible for increasing health system capacities to respond to acts of bioterrorism, infectious disease outbreaks, and other public health threats and emergencies. It coordinates local, regional and statewide planning to:

- Support infectious disease surveillance and investigation;
- Improve Idaho's surge capacity to adequately care for large numbers of patients during a public health emergency;
- Expand public health laboratory and communication capacities;
- Develop influenza pandemic response capabilities; and
- Provide for the distribution of medications, vaccines, and personal protective equipment.

PHPP works with many stakeholders to develop effective plans, mutual aid agreements, trainings and exercises to provide coordinated

and comprehensive all-hazards approaches to emergency health preparedness, response and recovery measures.

PHPP is conducting a statewide health Jurisdictional Risk Assessment (JRA). The assessment will serve state and local public health departments in the identification of potential hazards, vulnerabilities, and risks within the community that relate to the public health, healthcare, and behavioral health systems, and the functional needs of at-risk individuals. PHPP is partnering with the Idaho Geospatial Office, Idaho's seven public health districts, and the University of Idaho to develop a data driven risk assessment that:

- Comprehensively identifies hazards and subsequent comparative effects on Idaho's public health, healthcare, and behavioral health systems;
- Incorporates social vulnerability indicators into the risk formula;
- Identifies mitigation efforts, community resilience indicators, and available resources; and
- Leads to the creation of regional geospatial maps to be used in public health emergency preparedness planning.

PHPP conducted a statewide full-scale exercise in April 2013 and will conduct another in the spring of 2017. These exercises test Idaho's ability to distribute and dispense Strategic National Stockpile medical countermeasures, use the National Incident Management System principles, and operate under the Incident Command System. DHW, all seven public health districts, members of the healthcare system, and other state and private partners will participate in the next exercise.

Bureau of Public Health Business Operations

Public Health Business Operations functions as a collaborating body to connect the business of public health across all bureaus within the division through strategic planning, performance management, and infrastructure building. The bureau houses the Public Health Improvement Program which leads quality improvement efforts across the division aimed at improving efficiencies and program delivery. The bureau also houses the Public Health Institutional Review Board.

Medically Indigent Services

Cynthia York, Administrator, 334-5574

Medically Indigent Services works with the counties, other state agencies and stakeholders to assess opportunities to improve efficiencies, effectiveness and reduce the healthcare costs for Idaho's medically indigent citizens.

Medically Indigent Services works with a steering committee comprised of the Idaho Association of Counties, Idaho Hospital Association, Idaho Medical Association and the state's Catastrophic Health Care Cost Program. Medically Indigent Services also works with the Catastrophic Health Care Cost Program board to develop policies and improve procedures for the process of submission and payment of medical claims.

For SFY 2015, Medically Indigent Services has 1.1 FTPs, with a total appropriation of \$139,800, all state general funds.

Current Projects

- **Combined Application** – Implemented in 2010, this initiative screens indigent program participants for possible Medicaid eligibility. If a person is eligible for Medicaid, federal funds for medical expenses can be leveraged to help pay claims' costs. For SFY 2014, 6,842 applications were processed with a Medicaid eligibility approval of 706, more than 10% percent of all applications. The combined application initiative has resulted in more than \$10 million in savings to the state and counties since the program began in July 2010.
- **Medical Review** – The Idaho Association of Counties contracts with a medical review company to perform claims review to assure that provider billings are accurate, reasonable and appropriate for services that were provided. DHW also analyzes the review company's data to identify additional cost saving measures. Estimated savings are \$11 million since reviews began in May 2010.
- **Medicaid Retroactive Eligibility** – Identifies cases from people who become disabled for retroactive Medicaid eligibility. Indigent program participants who become disabled may qualify for Medicaid, with eligibility beginning up to 90 days prior to their application if they were Medicaid eligible during those 90 days. Approximately \$1.5 million has been saved since retroactive eligibility began in July 2010.

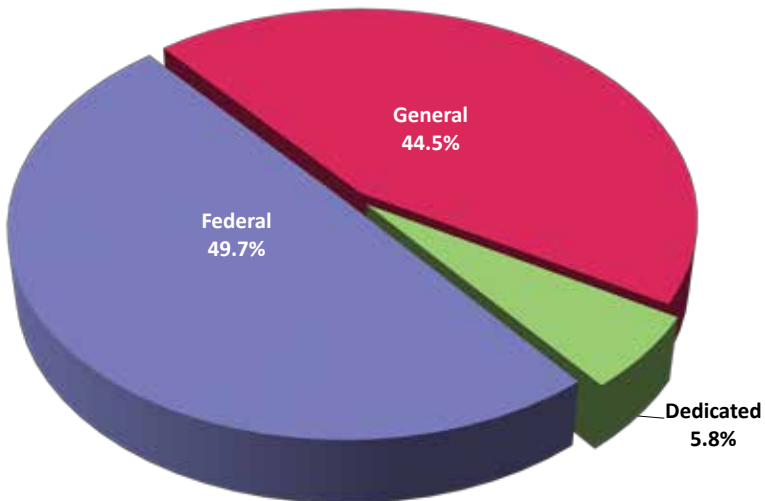
Indirect Support Services

Indirect Support Services provides the vision, management, and technical support for carrying out the department's mission. Indirect Support includes the Office of the Director, Legal Services, Financial Services, Operational Services, Information and Technology, Audits and Investigations, and Public Information and Communications.

The Office of the Director oversees the entire department, working with the Governor's office and the Idaho Legislature to effectively and economically provide policy direction for services and programs.

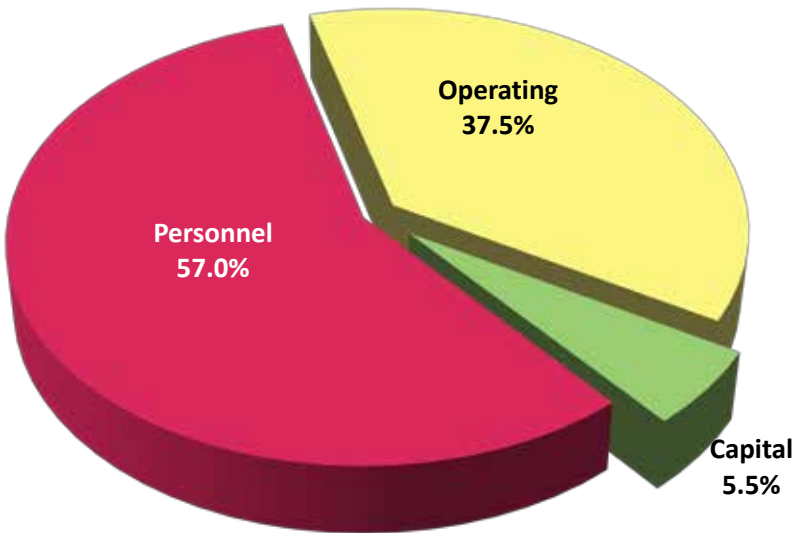
The staff of Legal Services, through the State Attorney General's office, represents and provides legal advice and litigation services. Financial Services provides administrative and financial support for the department. Information Technology provides automated and computer support for delivery of services, along with hardware, software, and networking support across the state. Audits and Investigations conducts internal audits and external fraud investigations for department benefit programs. Operational Services provides the human resource services to manage the department's workforce of 2,840 employees throughout the state, oversees the department's facilities, and administers the contracting and legislative rule-writing for the agency.

Indirect Support SFY 2015 Funding Sources

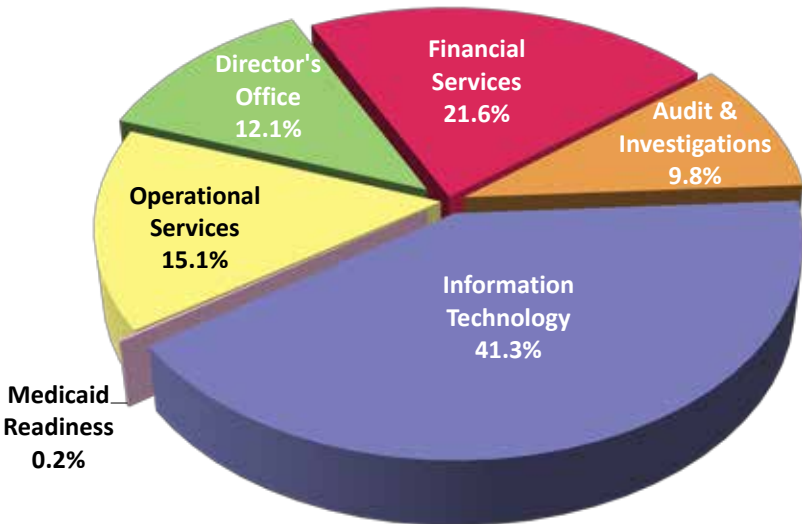


Authorized FTP: 288.5; Original SFY 2015 Appropriation: General Funds \$18.1 million, Total Funds \$40.7 million; 1.6% of Health and Welfare funding.

Indirect Support SFY 2015 Expenditure Categories



Indirect Support Spending



Medicaid Readiness is one-time funding of \$66,000 to incorporate mandatory Patient Protection and Affordable Care Act requirements. Ninety percent of this funding is provided by the federal government.

Office of the Director

Richard M. Armstrong, Director, 334-5500

The Director's Office sets policy and direction while providing the vision for improving department services and programs. The Director's Office sets the tone for customer service and ensures implementation of the DHW's Strategic Plan.

The office relies on the Executive Leadership Team to help formulate policy. The executive team is comprised of members of the Director's Office, Division Administrators, Regional Directors, and Administrators of State Hospital South, State Hospital North, and Southwest Idaho Treatment Center. The Director's Office includes:

- The Director;
- A Deputy Director responsible for Behavioral Health, Public Health, Medicaid and Managed Care Services, and Medically Indigent;
- A Deputy Director responsible for Family and Welfare Services; and
- A Deputy Director responsible for Support Services and Licensing and Certification.

Support Services

David N. Taylor, Deputy Director, 334-5500

Support Services provides administrative services to support the department's programs and goals. It manages the department's budget, cash flow, and physical assets; oversees accounting and financial reporting; provides fraud investigation services; and processes all payroll actions. Through cooperation with other divisions, Support Services provides guidance and support to ensure resources are managed responsibly.

Bureau of Financial Services

Financial Services consists of Financial Management; Financial Policy, Reporting and Reconciliation; Financial Systems Support; Accounts Payable; Central Revenue Unit; Employee Services; and Electronic Benefits.

Financial Management

Financial Management ensures adequate cash is available for the department to meet its financial obligations, functioning as the financial liaison to human services programs by:

- Drawing federal funds from the U.S. Treasury to meet immediate cash

needs of federally funded programs;

- Requesting state general and dedicated funds through the Office of the State Controller;
- Preparing expenditure reports for more than 100 federal grants that fund DHW programs. The largest of these federal grants is Medicaid, for which the SFY 2014 award was \$1.26 billion;
- Operating a federally approved cost allocation plan that facilitates recovery of indirect costs incurred in support of federal programs;
- Managing four Random Moment Time Studies used to charge costs to federal grants that fund Self-Reliance programs, Child Welfare, Children's Mental Health, and Adult Mental Health;
- Preparing and submitting the department's annual budget request to the Division of Financial Management and Legislative Services;
- Distributing appropriated funding to more than 2,500 operating budgets within the department;
- Monitoring program expenditure trends to allocated funding;
- Preparing financial analysis and reporting for division and executive management;
- Monitoring established FTE positions; and
- Researching and compiling historical expenditure and revenue information.

Financial Policy, Reporting & Reconciliation

Financial Policy, Reporting and Reconciliation (FPRR) is a critical oversight, monitoring and control function supporting agency financial operations. FPRR responsibilities include, but are not limited to:

- DHW Comprehensive Annual Financial Report (CAFR);
- Financial reconciliation activities;
- Financial policy;
- Report development and analysis;
- Training, documentation and communication strategies for financial operations.

Daily, monthly, quarterly and annual financial reconciliations are performed in this unit. It is also responsible for reports and maintenance of Financial Services' data warehouse, and provides support for interagency systems, such as the P-Card. The priority for this unit is the methodical, continuous evaluation and intervention in financial operations to maintain compliance with GAAP/GASB standards and ensure adherence to applicable rules, laws, regulations and best practices.

Financial Systems Support

This unit supports the automated accounting systems used by DHW. It provides system support including design, testing, troubleshooting, monitoring program systems, interfaces, and help desk support for related accounting functions. The unit supports these systems:

- FISCAL - Primary accounting system including major modules for cost allocation, cash management, budgetary control, and management reporting, as well as coordination and reconciliations with the statewide STARS system;
- BARS - Primary accounts receivable, receipting, and collections system;
- TRUST - Client level trust management and reporting system to account for funds held as fiduciary trustee;
- Navision - Front-end to DHW's budget, purchasing and vendor payment activities;
- Contraxx - Electronic contract operation and management system;
- Fixed Assets - Department's inventory system; and
- Accounts Payable - Routes child care payments, energy assistance payments, and job search payment systems and vendor registration.

Accounts Payable

This unit supports statewide DHW accounts payable activities, primarily through the Navision accounting system. This unit is responsible for:

- Vendor payments;
- Vendor edits;
- Warrant issues such as stop payments, forgery, cancellations and re-issue;
- Rotary fund payments;
- Interagency payments;
- Payables Help Desk phone support;
- Navision research assistance;
- Electronic Benefit Transfer (EBT) support; and
- Invoice/payment audit.

Central Revenue Unit

This unit is responsible for department-wide billing, collection, recovery, and receipt posting activities. The Central Revenue Unit actively pursues collection of outstanding debts including DHW fee for service, third-party recovery, benefit overpayment, and any other monies receivable as negotiated through repayment agreements.

Statewide billing and collection activities include, but are not limited to:

1. DHW's fee-for-service programs including:
 - Designated exams, Department of Correction's evaluations, court testimony billings;
 - Medicaid's certified family home licensing fees;
 - Criminal History Unit billing (including Adam Walsh background checks);
 - Bureau of Laboratories and public health district services; and
 - Disability determination records requests.
2. Medical billing for services that are reimbursable through third-party insurers and/or Medicaid for:
 - Developmental disabilities;
 - Infant Toddler Program; and
 - Adult & children's mental health.
3. Overpayments, civil monetary penalties and miscellaneous recovery include:
 - Provider and individual fraud (Welfare and Medicaid);
 - Foster care overpayments; and
 - Educational stipend defaults.
4. Interagency billings.
5. Receipting and posting for all centrally processed receipts.

Employee Services

This unit handles all employee documents relating to insurance, compensation and payroll deductions, and provides consultation to field offices. It also:

- Operates the Payroll and Employee Information System (EIS) through the Idaho Paperless Online Payroll/Personnel System (IPOPS);
- Provides payroll and benefit support for regional, institutional, central office, and field personnel;
- Verifies online time entry for all staff to ensure accurate and timely employee compensation;
- Provides validation and entry of information for new hires, terminations, transfers, and payroll deductions such as health insurance and pension to ensure data integrity; and
- Maintains and safeguards employee personnel records.

Electronic Benefit Transfer (EBT)

The Electronic Benefits Transfer unit is responsible for implementation, development, and daily operation of the Electronic Benefits Transfer

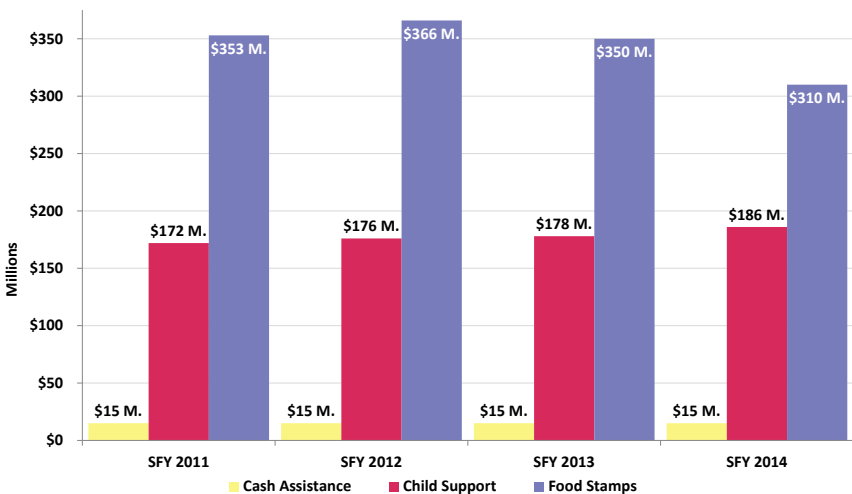
(EBT), Direct Payment Card (DPC) and Electronic Payment Systems (EPS) activities. Although electronic payments associated with the Child Support program and cash assistance programs have stayed relatively static, there has been a decrease in electronic benefit payments associated with Food Stamp benefits.

The Food Stamp benefit payments more than tripled over the prior five years, increasing from \$109 million annually in SFY 2008 to \$366 million in SFY 2012, but decreased in both SFY 2013 and SFY 2014, to \$350 million and \$310 million respectively.

The EBT Group coordinates information and resources to meet the electronic payment needs of the agency. They perform related contract monitoring activities; monitor federal, state and department laws, rules, & policies; assess governmental and industry changes for impacts to EBT/DPC/EPS related services; and provide necessary and appropriate information to management regarding EBT/DPC /EPS capabilities and mandated requirements.

DHW contracts with a vendor to set up and maintain accounts for Food Stamp benefits; cash assistance programs for the Temporary Assistance to Needy Families (TANF) and Aid to the Aged, Blind, and Disabled (State Supplement); and Child Support payments. Participants access their food benefits with an EBT Quest Card. Participants receiving cash benefit payments have the option of accessing their cash either on an EBT Quest Card, or the funds can be deposited directly into their personal bank account. Child support payments can be accessed with a Visa debit card or funds that can be deposited directly into their personal bank account.

Electronic Payments Distributed



Bureau of Audits and Investigations

The Bureau of Audits and Investigations provides support to DHW's public assistance programs through the following units:

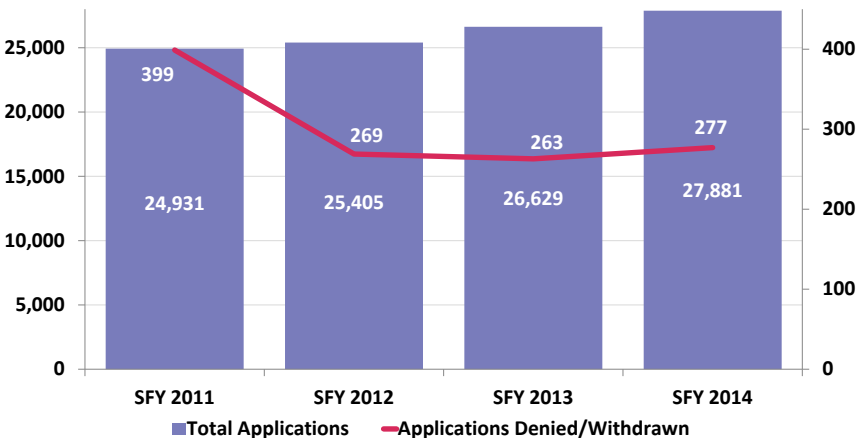
- Criminal History;
- Internal Audit;
- Fraud Analysis
- Medicaid Program Integrity; and
- Welfare Fraud Investigations.

Criminal History Unit

In following DHW's mission to promote and protect the health and safety of Idahoans, the Criminal History Unit conducts and maintains the central repository of required background checks received from the Federal Bureau of Investigation and the Idaho State Police Bureau of Criminal Identification. The background check also includes a search of specific registries that include: National Register of Sex Offenders; Medicaid Provider Exclusions listings; Child and Adult Protection Registries; Idaho Nurse Aide Registry and Idaho driving records.

The department requires a fingerprint-based background check on provider staff, contractors, licensed child care providers, foster and adoptive parents, and employees in long-term care settings who work in approximately 40 different service areas that include direct care for program participants who are disabled, elderly or children. The average turnaround time from fingerprinting to background check completion is 14 days. Learn more at the criminal history web site, <https://chu.dhw.idaho.gov>.

Criminal History Checks by Year



Fraud Analysis

This unit provides data analysis support for the Bureau of Audits and Investigations. Data mining is used to find hidden patterns of waste, fraud, and abuse in client eligibility data, benefit issuances, and provider billings and claims. Statistical analysis is then used to identify and prioritize cases for investigation.

Data analysis also is used to assess the adequacy of internal control systems designed to prevent fraud and to develop reporting systems designed to detect and periodically report occurrences of fraud on a regular and timely basis. By identifying areas of vulnerability, procedures can be developed to prevent or minimize future occurrences of fraud.

Internal Audit

This unit provides independent appraisals of the department's various operations and systems of control.

The unit helps the department accomplish its objectives by bringing a systematic, disciplined approach to evaluation and improves the effectiveness of risk management, control and governance processes. Internal auditing assists department staff in the effective discharge of their responsibilities by furnishing them with analyses, appraisals, recommendations, counsel, information concerning DHW's activities, and by promoting effective control at reasonable costs.

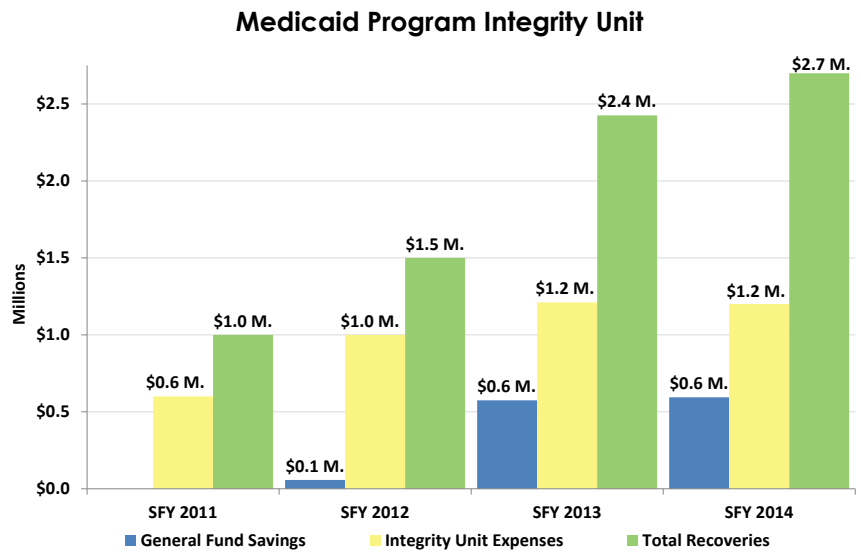
Internal Audit's methods includes three steps:

1. Identify potential performance problems and performance opportunities;
2. Pro-actively identify solutions to improve performance; and
3. Track and monitor the implementation and ultimate success of actions to improve performance.

The Medicaid Program Integrity Unit

This unit investigates allegations of Medicaid fraud and abuse and conducts federally mandated program reviews by monitoring and reviewing provider billing practices, as well as reviewing provider records to support services billed to Medicaid. Medicaid investigations are initiated through complaints from providers or clients, referrals from other agencies, and through proactive targeting and review of claims to identify improper billing.

Once investigated, issues may be resolved through provider education or policy revision, recovery of funds from the provider, civil monetary penalties imposed, provider agreement termination or program exclusion, or referral for prosecution. The Medicaid Program Integrity Unit concentrates on cases which have the greatest potential for investigation and recovery of funds.



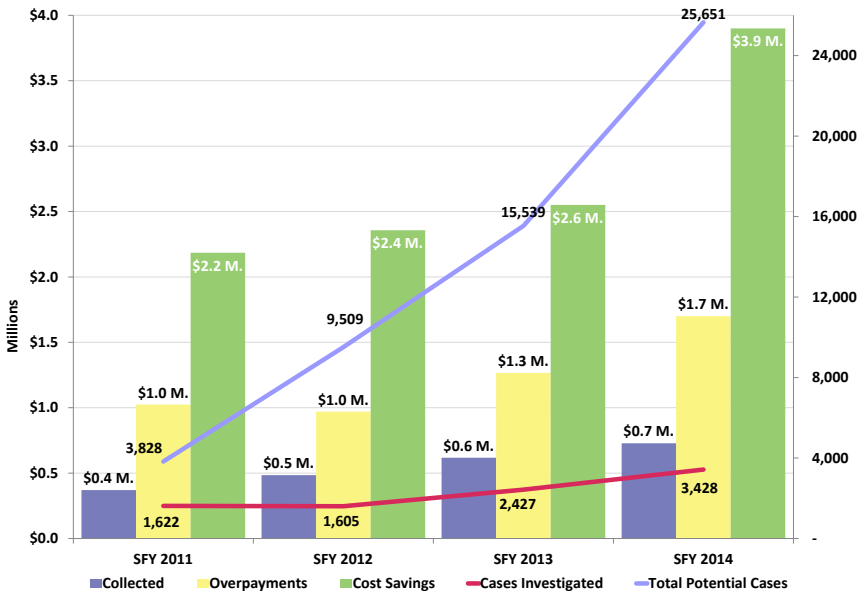
The Welfare Fraud Unit

This unit investigates allegations of welfare program fraud that include Food Stamps, cash assistance, Medicaid, child care assistance, or other benefits. In every region of the state, investigators work with program staff, local law enforcement, Office of the Inspector General, and county prosecutors to investigate and prosecute welfare fraud.

The unit traditionally receives approximately 3,000 complaints from the public each year, but data analysis has dramatically increased the number of potential cases. Data analysis has grown from 58 case leads in SFY 2010 to 25,651 in SFY 2014.

Because the number of case leads has grown faster than the department's ability to investigate, the unit has developed methods to improve productivity. The average number of cases closed per investigator each year in which there was a prosecution, sanction, or overpayment grew from 528 in SFY 2011 to 1,215 in SFY 2014. Despite the continued growth in productivity, the investigators can only investigate one of 10 potential cases.

Welfare Fraud



Division of Operational Services

Paul J. Spannkebel, Administrator, 334-0632

The Division of Operational Services provides contracting and purchasing services, building oversight, maintenance and security for DHW hospitals and offices, strategic planning, administrative services and legislative rule making, and human resource management for the department's 2,839 classified and 200 temporary employees.

Contracts and Purchasing

- Purchases services and products with values up to \$25 million, coordinating with the Department of Administration's Division of Purchasing for purchases valued between \$15 million and \$25 million;
- Provides technical expertise and administrative oversight for DHW competitive bidding, contract and sub-contract development, implementation, and product purchases. There are approximately 1,062 active contracts and sub-grants department-wide during SFY 2014, with a total value of over \$1.15 billion;
- Manages training and daily operations of the electronic CONTRAXX management system; and
- Develops and maintains DHW's contract and purchasing manual, policy, and procedures; provides staff training, and collaborates

with the Department of Administration to ensure compliance with purchasing rules and regulations.

Facilities and Business Operations

- Monitors, negotiates, and coordinates leases for 32 buildings totaling more than 618,000 square feet of space in collaboration with the Department of Administration;
- Manages the operation and care of eight DHW owned buildings totaling 80,000 square feet of space;
- Prepares and submits DHW's annual "Capital, Alterations and Repair" budget request to the Permanent Building Fund Advisory Council (PBFAC) and prepares agency project requests for legislative funding;
- Coordinates and manages all remodeling and alteration construction projects funded through the PBFAC or agency funds statewide;
- Assists and counsels the two state hospitals, Southwest Idaho Treatment Center and the State Laboratory on facility issues;
- Evaluates existing facility use through facility space reports and plans of future facility space requirements;
- Oversees building land sales, acquisitions and disputes;
- Coordinates and manages interoffice moves and relocations;
- Contracts telephone, power and data cable installations to ensure uniformity, adherence to DHW standards and cost controls;
- Manages non-VOIP telephone systems across the state;
- Manages purchases of all paper products, office supplies and postage;
- Administers purchases, statewide allocation, repair, maintenance, and use of some 400 motor pool vehicles ;
- Contracts with independent firms and coordinates with the Department of Administration to provide security for DHW buildings;
- Manages statewide department inventory and disposal of surplus items; and
- Provides facility and operational support for regional staff in all regional offices. These include:
 - North HUB — Ponderay, Kellogg, St. Maries, Coeur d'Alene, Moscow, Lewiston and Grangeville;
 - West HUB — Payette, Caldwell, Nampa, Boise-Westgate, Boise-Medicare and Mountain Home;
 - East HUB — Twin Falls, Burley, Pocatello, Idaho Falls, Preston, Blackfoot, Rexburg and Salmon.

Human Resources

- Develops, implements, and maintains policies and procedures protecting privacy/confidentiality and access to information in DHW records;
- Oversees all privacy/confidentiality activities statewide;

- Ensures DHW actions comply with federal and state laws, and that DHW's information privacy practices are closely followed;
- Supports the department's commitment to advance equal opportunity in employment through education and technical assistance;
- Educates employees on how to maintain a respectful workplace where employees are treated with courtesy, respect, and dignity;
- Consults and ensures resolution of civil rights complaints, compliance, and agency audits or site reviews;
- Identifies training needs within DHW;
- Promotes, coordinates, develops, and provides training to employees on topics including leadership, management, supervision, communication, and program-specific topics;
- Facilitates development and implementation of online learning opportunities for DHW staff;
- Administers DHW's Learning Management System;
- Provides management and consultation on effective recruitment and selection strategies for filling current and future needs;
- Develops and implements recruitment campaigns to fill department openings, which include partnerships with Idaho and regional universities for awareness of DHW career opportunities, internships, and scholarships that may lead to hiring;
- Partners with department supervisors to efficiently orient and train new employees;
- Provides consultation in support of system-wide approaches and views of compensation, position utilization, and classification;
- Researches, develops, and implements human resource system enhancements;
- Coaches management and supervisors in promoting positive employee contributions through the performance management process;
- Consults with management and supervisors to consistently resolve employee issues;
- Provides consultation to employees and supervisors in the problem-solving process;
- Develops and maintains DHW's human resource policies and procedures, ensuring they meet the department's business needs, while complying with state and federal laws and rules;
- Provides policy and procedure consultation and interpretation to managers, supervisors, and employees;
- Manages DHW's Drug and Alcohol Free Workplace program;
- Provides employees with information and resources to promote healthy and safe lifestyles; and
- Provides timely information to employees about benefit opportunities and changes.

Administrative Support

- Coordinates DHW activities related to administrative hearings, public record requests, and record retention;
- Develops, implements, and maintains policies, procedures, and educational resources related to administrative hearings, public records, and record retention;
- Facilitates the resolution of concerns and inquiries reported to the Director's Office; and
- Provides administrative support to the Director's Office and the Idaho Board of Health and Welfare.

Division of Information and Technology

Michael R. Farley, Administrator, 334-5625

The Information Technology Services Division (ITSD) provides office automation, information processing, and local and wide area networking, including unified communications and Internet connectivity, for the department statewide. The division utilizes best practices and sound business processes to provide innovative, reliable, high quality, and cost-effective information technology solutions to improve the efficiency and effectiveness in providing services to the citizens of Idaho. The division also provides leadership and direction in support of DHW's mission to promote and protect the social, economic, mental and physical health, and safety of all Idaho residents.

The Information and Technology Services Division:

- Provides direction in policy, planning, budget, and acquisition of information resources related to all Information Technology (IT) projects and upgrades to hardware, software, telecommunications systems, and systems security;
- Provides review, analysis, evaluation, and documentation of IT systems in accordance with Idaho policies, rules, standards and associated guidelines;
- Maintains all DHW information technology resources, ensuring availability, backup, and disaster recovery for all systems;
- Secures information technology resources to meet all state, federal, and local rules and policies to maintain client confidentiality and protect sensitive information;
- Oversees development, maintenance, and enhancement of application systems and programs for all computer services, local area networks, and data communications internally and with external stakeholders;
- Provides enterprise services to strategically align business processes and needs with IT solutions;
- Provides direction for development and management of department-

wide information architecture standards;

- Participates in the Information Technology Leadership Council to provide guidance and solutions for statewide business decisions;
- Implements the state's Information Technology Authority (ITA) directives, strategic planning and compliance; and
- Collaborates with the Office of the Chief Information Officer in statewide messaging, telecommunications, video conferencing, networking initiatives, strategic planning and ITA directives.

The Information Technology Services Division provides reliable, timely, high quality, innovative, flexible, cost-effective IT solutions, working with our business partners to identify and prioritize products and required services.

The division is divided into four distinct areas;

1. Operations;
2. Infrastructure;
3. Application Development and Support; and
4. Enterprise Services.

Bureau of IT Operations

The IT Operations Bureau provides technical support services and coordinates resources to promote the efficient use of technology throughout the department. The Bureau's key services include:

- Statewide Technical Support/ITSD Consolidated Service Desk - Provides DHW staff with Level 1, 2 and 3 technical support services for all desktop or mobile computer-related issues, including hardware, software, and network connectivity;
- Operates as a virtual service desk: Technicians in all areas of the state assist in answering phone calls from staff, and work queues are shared so that a technician in an area with a high technician-to-staff ratio can assist with support in other areas of the state;
- Printer Support: Primary point of contact for all network and multi-function printing services. Technicians work with Operational Services and local management staff to assure the most cost-efficient and effective selections are made for printing and faxing;
- Assists other DHW service desks with service desk design and software utilization;
- Special project support: Coordinates desktop support for special IT-related projects, hardware/software testing, and image creation;
- Technology Reviews (Research and Development): Researches, evaluates, tests, and recommends technology to enhance technical productivity throughout the agency;
- Utilize software tools to ensure current patch management, run system health checks for preventive maintenance, provide mobile device

security management, assist in computer inventory management, and provide support to staff working outside the DHW network; and

- Service Desk application support: Development and support for department Help Desks including development and maintenance of Knowledge Management Systems.

Bureau of IT Infrastructure

The IT Infrastructure Bureau is responsible for designing, deploying, and maintaining network hardware and software infrastructure, system security procedures and practices, database security, system backup and disaster recovery.

The IT Infrastructure Bureau consists of:

- Wide area and local area network design, deployment and support statewide;
- Enterprise wireless network design, deployment, and support;
- Data telecommunications infrastructure support;
- User and data security management and standards;
- Computer forensics support;
- Database and data warehouse security;
- Unified communications (Voice over IP (VoIP), Fax over IP (FoIP), video conferencing) deployment and support;
- Network server build, deployment and maintenance;
- Storage area network support;
- Enterprise electronic messaging support;
- Data backups and restores;
- Server integration and support (integration of application middleware and application delivery infrastructure);
- Server virtualization, VM provisioning, and support;
- Security vulnerability assessments;
- Server security vulnerability and updates patching;
- Network infrastructure support of enterprise projects;
- Disaster Recovery and COOP exercise support;
- Remote access support (Secure Socket Layer Virtual Private Network, site-to-site Virtual Private Network);
- Provides support for data center facilities and associated computer systems including power, cooling and backup generator for emergencies
- Firewall administration and support; and
- Support for Bureau of IT Operations and Bureau of IT Applications Development and Support of all agency business offices and associated partnerships (Office of Drug Policy, Community Action Agency, Health Data Exchange, Commission for the Deaf, Blind and Hard of Hearing, etc.).

Bureau of Application Development and Support

The IT Application Development and Support (ADS) Bureau's primary responsibility is the operation, maintenance, and support of the department's business applications. ADS also is responsible for ongoing enhancements of existing applications, development of new business applications, integration of commercial off-the-shelf (COTS) products into the department's application framework and support of software (middleware) necessary to support the movement of information between computing platforms.

The Bureau's functional areas include:

- Application WEB Support is responsible for the operation, maintenance, and support of department web-based applications;
- Application Development is responsible for the enhancement of existing applications, development of new business applications, and integration of commercial, off-the-shelf products into DHW's application framework;
- Application Delivery includes quality assurance, application testing, system production support, time period emulation qualification, and technical documentation;
- Application Support Helpdesk provides DHW staff with support for applications such as SharePoint; Knowledge Learning Center (KLC); Vista (Veterans Administration) Hospital Management System; e-casefile document management system; modernization of the Idaho Child Support Enforcement System (ICSES); and several other business-related applications;
- Provide software architectural design and design standards which enable, enhance, and sustain DHW's business objectives;
- Mainframe Development and Support provides leadership and guidance in the design, development, and support of complex integrated systems. Also provides research, design, and capacity planning for setting new systems and/or technology direction and work with business partners to define system requirements for potential uses of information technologies;
- Production Services supports multi-platforms (Mainframe, Windows, Sun/ Solaris) and complex applications by monitoring production processing, identifying areas for automation, documenting production procedures, and ensuring successful completion of business-critical processing. This group also provides recovery services for failed production processes, coordinating with various internal and/or external partners as necessary; and
- Enterprise Data Warehouse design, operation and maintenance. EDW provides a common data repository for all business essential and critical information, allowing secure and reliable access to this information for decision-making purposes.

IT Enterprise Services

The Information Technology Enterprise Services team provides support and services to align business needs with IT solutions and to ensure IT systems maximize the business value delivered by IT investments.

Enterprise Services consists of the following areas of responsibility:

- Enterprise Architecture designs, develops, and maintains an Enterprise Model Framework as well as develops enterprise standards and strategies. Creates and maintains architectural models of business processes, business units, information, technology and their interrelationships.
- Project Management is responsible for managing large or enterprise-wide projects. This includes developing plans, managing project resources, assessing risk, collaborating with business units and external entities and developing and managing project contracts.
- Relationship Management works directly with DHW divisional business units with project identification, definition and priority. Manages business processes, requirements analysis and coordinates work with other IT bureaus to meet technology and automated system needs.
- Disaster Recovery and Continuity of Operations Planning develops and maintains a plan for long-term recovery of business functions as well as disaster recovery. Conducts exercises and testing of recoverability of technology.
- Audits, Policies & Procedures is responsible for DHW and ITSD information security policies and procedures to maintain compliance with federal laws regarding Personally Identifiable Information (PII), Personal Health Information (PHI), as well as information security related to Health Insurance Portability and Accountability Act (HIPAA), the Internal Revenue Service (IRS), Social Security Administration (SSA), Office of Inspector General (OIG), etc., including state rules, regulations and guidelines.
- Social Media and DHW external web sites oversee DHW's social media sites in conjunction with the department's Public Information Office. Designs code and maintains all public facing web sites and content.

ITSD Highlights

ITSD has completed a number of initiatives to support DHW's growing and evolving needs for information technology while improving efficiency in automation with limited resources.

Technological improvements

- Developed and implemented enhancements for the Infant Toddler web application (ITPKids), providing ICD-10 compatibility and support

for Idaho Sound Beginnings by integrating into ITPKids from HiTrack and Vital Statistics;

- Completed the re-write of the Aids Drugs Assistance Program (ADAP), replacing obsolete software and providing greater accuracy of data collection and reporting;
- Recoded .NET Web Applications for Internet Explorer 11 compatibility;
- Replaced the Welfare Fraud Investigative Tracking System (FITS) with a browser-based system eliminating their dependency on antiquated non-supported technology;
- Implemented the Uniform Assessment Instrument (UAI) rate changes;
- Implementation of the Time and Reporting System for ITSD, replacing an unsupported third party product, and improve time tracking and cost allocation for State employees time;
- Deployed enhancements to the Medicaid Fraud Investigative Tracking System, aiding the Medicaid Program Integrity Unit to investigate clients and non-Medicaid providers who receive any public assistance funds as a client of provider services. Complaints can lead to identification of overpayment, intentional program violation or prosecution recouping state tax payer dollars.
- Completed the migration or all active applications stored in Visual SourceSafe to Microsoft Team Foundation Server;
- Redesigned the current SharePoint environment to enhance performance and facilitate migration of sites to SharePoint 2010. Migration of sites to SharePoint 2010 is 25 percent complete;
- Implemented the LANDesk Total User Management System to more efficiently manage desktop and laptop computers and ensure patch compliance in accordance with Federal guidelines;
- Implemented encryption software on all DHW smartphones to protect data;
- Continued progress in deployment and implementation of network infrastructure at a DHW co-location site to provide critical information systems fail-over for disaster recovery and business continuity;
- Significant progress in the implementation of Voice over IP (VoIP) phones replacing aging and obsolete PBX-based telephone systems;
- Upgraded 99 percent of SQL Server application databases to SQL Server 2012. Some vendor databases remain on SQL Server 2008 because the vendors do not yet support SQL Server 2012.

Accomplishments directly associated with protecting health and safety

- Completion of Phase 3 of the Health Alert Network, re-write of the HAN Communication Manager to utilize Fax over IP (FoIP) replacing old fax servers and software to improve the reliability and speed of public health alerts;
- Year 3 of the Idaho Electronic Health Record Incentive Management System, providing users with an efficient means of processing and tracking federally-funded incentive payments to Medicaid providers who attest to the adoption of standard-compliant electronic health

record technology;

- Completed the re-write of the Oryx application for State Hospital South which provides Joint Commission's performance measurement and improvement processes as well as integrates outcomes for hospital clients;
- Completed development of the Outbreak Management System and conducted a Phase 1 pilot project with the Public Health Districts;
- Completed stabilization efforts for Women's Health Check to improve data integrity, federal reporting of women's health issues and eliminate multiple manual processes; and
- Implemented the State and Territorial Exchange of Vital Events (STEVE) for Vital Statistics, allowing us to receive data on births and deaths occurring to Idahoans in other states and to send data to other states.

Initiatives to "Go Green"

- Continued virtualization of servers to reduce overall the number of physical devices on the network to reduce power and cooling requirements;
- Migrated from paper to electronic record repositories in SharePoint for Adoption, Child Welfare and Laboratory records;
- Developed and implemented a touch screen scanning solution to allow Emergency Medical Services to back-scan documents and link them to their existing automation and provide scanning of all future documents. This reduced paper documentation and document storage needs in addition to providing quicker access to information;
- Added user WebPortal access to the Laboratory Information Management system replacing manual faxing of lab results; and
- FoIP (Fax over IP) technology to replace legacy analog fax machines and integrate with enterprise messaging. FoIP allows the department to realize savings by reducing the number of analog telephone line charges and reduces printing of paper faxes.

Completed Projects and Initiatives

- Legacy report applications, Significant Event Reporting System (SERP), GatorAID, the Service Integration automated system and others are now generating reports out of the Data Warehouse;
- Bi-directional laboratory interface module for State Hospital South implementation was completed August 2013;
- Phase 3 of the Web Infrastructure for Treatment Services (WITS) project, providing for management and reporting for the Access to Recovery (ATR) program was implemented;
- Upgrade historical read only databases for adoptions and Interstate Compact for the Placement of Children to supported versions;
- State Hospital South and State Hospital North completed software and hardware upgrades to their Electronic Hospital Records system;
- State Hospital South completed a project to scan IDs of visitors to the hospital; and

- Licensing and Certification went paperless by using tablets for taking federal assisted living survey guidelines on surveys in lieu of physical binders.

Current Projects and Initiatives:

ITSD has additional initiatives and projects in progress to support the ever-evolving technology needs of the department:

- Idaho Electronic Health Record (EHR) Incentive Management System Year 4 - Customization and localization of the system transferred from Kentucky to provide an efficient solution for processing and tracking federally-funded incentive payments to Medicaid providers who attest to the adoption of standard-compliant EHR technology;
- Health Alert Network (HAN) Phase 4 – Enhance the system to include newer communication methods like Twitter and support for mobile devices;
- Outbreak Management System – Develop a web application to replace a system no longer supported by CDC. Currently in phase 2 Pilot;
- Voice-over IP (VoIP) Conversion – Replace aging/obsolete NEC PBX telephone system and PBX-based telephones with Cisco VoIP unified communications system. This will provide the voice communications technology to integrate with advanced Unified Communication services;
- Vital Statistics electronic birth certificate re-write – Replace obsolete, unsupported third party software with a supportable, maintainable solution;
- Uniform Assessment Instrument re-write – Replace the old Visual Basic application with a solution that includes streamlined functionality and is based on current mobile computing technologies;
- Early Hearing Detection and Intervention (EHDI) interfaces – Build and enhance data interfaces between Hitrack, ITPKids and Vital Statistics;
- Women's Health Check re-write – Improve supportability, security, performance, system reliability and performance by replacing technologies that are no longer supported by Microsoft;
- WISPr – Enhancements to the breastfeeding and peer counseling components of the WISPr application for the Women, Infants and Children (WIC) program;
- GatorAID Enhancements – Add capabilities for electronic payment for client services replacing the manual process of scanning documents and duplicating data.
- National Electronic Disease Surveillance System (NEDSS)/Laboratory Information Management System (LIMS) – Enhance the systems to support additional electronic lab and hospital reporting capabilities, additional electronic interfaces and add the STDMS data collection and CDC electronic reporting functions to the system;
- Scanning 100 years of patient microfiche records onto digital storage for State Hospital South;

- Exploring a new nurse call system that will integrate into the current Cisco phone system at State Hospital South;
- A central repository of all federal audit responses is being created by the Audits and Compliance Officer;
- Use of data analytics to manage the utilization of data through the adoption and meaningful use of electronic medical records; data analysis by characterizing information in the enterprise data warehouse and use of analytic tools; and data sharing and the adoption of health information exchanges.
- Enterprise Data Warehouse (EDW) – Phase 2 longitudinal Data Mart reporting is in process for the Division of Welfare with the focus on program and sub-program breakouts.

Major Projects in Progress

Medicaid Readiness

Function: The Idaho Benefit Eligibility System (IBES) determines eligibility for Medicaid benefits. Idaho must ensure that IBES and the Medicaid Management Information System (MMIS), which pays claims, are capable of meeting the new Affordable Care Act and Health Insurance Exchange requirements within the federal deadlines.

Status: The Medicaid readiness project, which began in February 2012, successfully implemented the State Based Marketplace (SBM) which included integration of new rules functionality for Modified Adjusted Gross Income (MAGI) and two-way data transfer between the federal data services hub (DSH) and the State eligibility system. Using an iterative development and implementation process, Idaho's eligibility and claims processing systems were modified and ready to accept applications on October 1, 2013 and successfully processed applications as planned in January 2014. Like all states, Idaho was negatively impacted by the troubled federal Healthcare.gov rollout. However, DHW's iterative processes and early identification of issues allowed the state to implement Idaho's functions on time. Work is currently underway to transition from a state supported marketplace to Your Health Idaho, the state-based health insurance marketplace.

Replacement Strategy: The Medicaid Readiness project began in February 2012. Estimated costs for FY15 are \$12 million; 90 percent of which is funded by the federal government.

Mainframe Migration

Function: Multiple DHW business applications are currently hosted on the State Controller's Office mainframe. Efforts to convert and re-host

these applications on a Windows platform within the DHW network are underway.

Status: The DHW technical infrastructure has been built to support the re-hosted applications. Re-hosting of the applications is scheduled to occur through 2015, with extensive pre-production testing through December 2016.

Replacement Strategy: The technical solutions used to re-host mainframe applications within the DHW network allow developers to continue to use native programming languages to maintain the applications, minimize changes for the users and set the stage for application modernization in the future.

Enterprise SharePoint 2010

Function: DHW has historically used the free version of Microsoft SharePoint for its Intranet solution. The needs of the department continue to grow and include secure external document sharing with external partners. To meet the ever-growing needs, DHW must replace and upgrade to the Enterprise SharePoint version.

Status: Replacing and upgrading the department Intranet environment began in October 2013. Project completion is targeted for March 2015 with the delivery of external components to allow collaboration with department partners.

Replacement Strategy: The SharePoint 2010 project will be implemented in two phases. The initial phase includes the upgrade of the current Intranet environment and provides tools that will allow greater functionality for the programs and decrease dependence on IT development staff. Phase two will add components allowing secure document sharing with external partners.

Idaho Health Insurance Exchange – State-Based Marketplace

Function: DHW is obligated to create an Affordable Care Act compliant state-based marketplace that interfaces with carriers, the Idaho Department of Insurance, the Centers for Medicare and Medicaid Services and DHW to get a determination for Medicaid or for a Advance Premium Tax Credit (APTC).

Status: Idaho successfully transitioned to the a state-based exchange in November 2014.

Replacement Strategy: Develop and maintain an Affordable Care Act compliant state-based marketplace for Idahoans to purchase qualified health plans (QHP) and provides a determination for the advance premium tax credit.

Data Governance

Function: Enterprise initiative to improve data protection processes, tools, technology and awareness.

Status: A cross-functional project team was established in 2014. A data governance best practices assessment was completed in June 2014. Efforts to replace software and improve processes for information protection are planned to occur through calendar year 2015.

Replacement Strategy: Implementation of a sustainable enterprise-level data governance program focused on protection of sensitive information.

Council on Developmental Disabilities

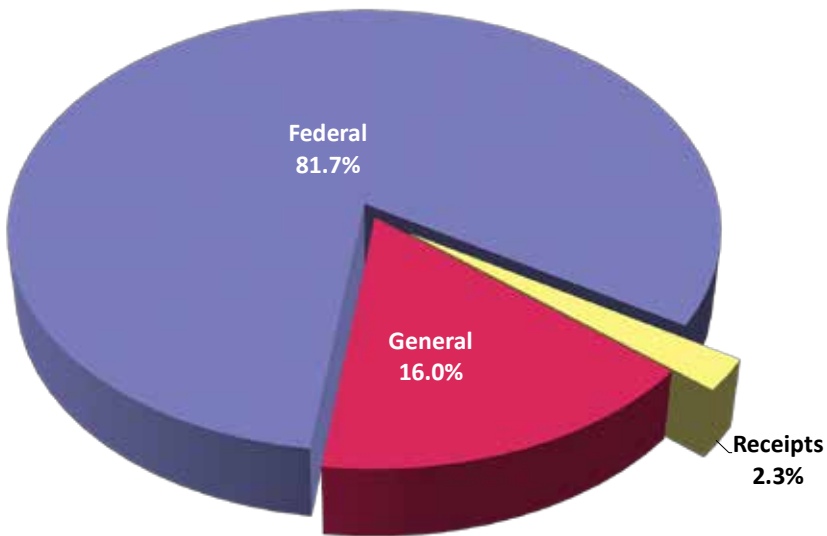
Christine Pisani, Executive Director, 334-2178

The Idaho Council on Developmental Disabilities is the planning and advocacy body for programs impacting people with developmental disabilities. The Council pursues systems changes that promote positive and meaningful lives for people with developmental disabilities and works to build the capacity of systems to meet people's needs.

Council Vision: All Idahoans participate as equal members of society and are empowered to reach their full potential as responsible and contributing members of their communities.

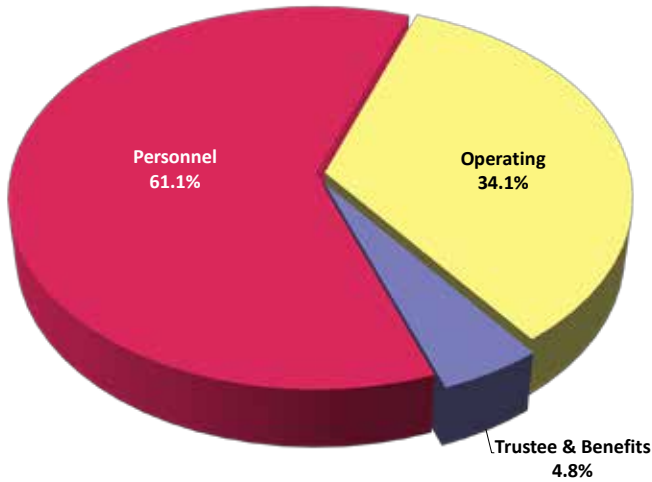
Council Mission: To promote the capacity of people with developmental disabilities and their families to determine, access, and direct services and support they choose, and to build communities' abilities to support those choices.

Council on Developmental Disabilities SFY 2015 Funding Sources



Funding is channeled through the DHW budget, but Councils are independent and not administered by the department. FTP: 4; PTP:2; General Funds \$104,800; Total Funds \$655,600.

SFY 2015 Expenditure Categories



Council Initiatives

The Council is just completing the fourth year of its current 5-year strategic plan. Many of the Council projects are multi-year efforts involving systems change. The activities the Council has engaged in for federal fiscal year 2014 include:

Education

The Council's Inclusive Education Objective was modified in the fall of 2013 to reflect the need to address how teachers are prepared in Idaho's public and private institutions of higher education. Throughout the year, the Inclusive Education Task Force met and determined that obtaining more support for this objective was the next step. In the fall of 2014, 41 administrators, teachers, support personnel, State Department of Education staff members, and higher education faculty members attended the first annual Inclusive Education Summit in Boise. The Summit featured Dr. Debi Gartland from Towson University in Maryland and the Elementary Education/Special Education (EESE) 'merged' degree program she created at her university. From this summit, further conversations about how this degree would benefit Idaho students will continue.

Abby Ungefug, from Sage Valley Middle School in the Vallivue School District, was selected by the Council to receive the 2014 Inclusion in Education Award. This award is presented to an educator who demonstrates exemplary quality inclusive practices in their school. Ms. Ungefug introduced a 'peer mentoring' class at Sage Valley that resulted in increased social interaction between all students. This award was presented at the 8th grade matriculation ceremony in May 2014, which

was attended by more than 1,200 people. Pictures and information about Ms. Ungefug and her award were featured on the Council web site and Facebook page.

Public Awareness

For the fourth year, the Council played a major role in providing a series of seven Advocacy Day Workshops held throughout Idaho and attended by 174 people. These statewide events provide the opportunity to present information that will likely be issues presented in the upcoming legislative session and help people with disabilities and families understand how to effectively communicate with their legislators about issues impacting them. The Council also helped coordinate the Disability Day at the Capitol held during the legislative session. This provided an opportunity for the 14 participating Consortium for Idahoans with Disabilities (CID) organizations to share information with legislators about their programs and services, and to support people with disabilities and family members meet with their legislators.

Self-Determination

The Idaho Self Advocate Leadership Network (SALN) is an independent non-profit organization with its own support staff, funded primarily by a grant from the Council, which was extended for another year. Idaho SALN State Board holds quarterly meetings and is focusing on chapter development and community activities.

Two self advocates were nationally recognized by being chosen to present at the National Self Advocates Becoming Empowered (SABE) conference this past October in Oklahoma City. Joe Raiden's presentation addressed the process of becoming self-employed. Joe Raiden and David Dekker also co-presented on the topic of starting a statewide self-advocacy organization run by and for adults with developmental disabilities. At the Annual Human Partnership Conference held October 2014, long-time north Idaho self-advocate John Russell received the Lifetime Achievement Award for his immense work around self-advocacy in Idaho. He is a role model in our state and served as the first President of the Idaho Self-Advocate Leadership Network. Statewide, there are eight SALN chapters which work on leadership development, local advocacy, and social justice issues.

Community Development

With the new 5-Year Plan beginning in 2012, the Council embarked on a brand new initiative that has been successful in other states called Asset Based Community Development (ABCD). This concept, which is supported

by well-known community developers such as Mike Green and John McNight, uses an asset-based approach when working with communities. ABCD provides a method to mobilize citizens using their gifts and talents to create strong communities. ABCD is a type of community organizing that uses three qualities:

1. Asset based = Focuses on gifts and talents of individuals and groups. What do we already have that will help us do something worthwhile?
2. Internally focused = The starting place is within the community itself with people as key contributors.
3. Relationship driven = Connection to each other is what drives peoples' motivation to act by being willing to share their individual gifts with others.

The Council directed staff to begin the conversation with citizens and businesses in Caldwell to research if they will be receptive to begin an ABCD project. Collaborative meetings with community members and businesses continue to occur in Caldwell to determine if the community is open to the ABCD concept and is also motivated to act.

Transportation

The Council has been an active member of the Interagency Work Group on Public Transportation (IWG) representing the concerns of transportation users with disabilities.

Employment

The Council's Employment First Initiative moved forward with the establishment of, and work done, by the Idaho Employment First Consortium (IEFC). This group of state-level stakeholders is coordinated by the Council and meets monthly. IEFC includes representatives of key state agencies, people with developmental disabilities, parents, service providers, and advocacy organizations. The IEFC's work is aimed at developing policy and building capacity in systems to promote integrated employment at a competitive wage as the first choice for transition-age youth and adults with a developmental disabilities seeking employment.

The Council contracted with self-advocate Noll Garcia to conduct focus groups and a survey with individuals with disabilities around the state about their experiences with employment support services and barriers to getting a job. The information from this outreach is informing the work of the IEFC. Through the ODEP Employment First Leadership Community of Practice and the Employment Learning Community CoP, Idaho receives technical assistance from national subject matter experts.

The Council was a sponsor of the 10th annual Tools for Life: Secondary Transition Fair in Idaho Falls in March 2014, coordinating the employment

track of the conference. The event drew 154 students with disabilities, 17 parents and 113 others to learn about topics related to transition from high school to higher education and employment. The Council again hosted the "It's My Business Expo" at the event. Four entrepreneurs with disabilities talked to students about their success with self-employment.

Disability Mentoring Day events took place in Moscow, Twin Falls, Idaho Falls, and Boise in October 2013 and 169 students were mentored by 124 community employers. The Council awarded grants of \$1,000 to each of the four local planning teams to implement their Disability Mentoring Day activities.

Community Supports

The Collaborative Work Group (CWG) on Adult DD Services is a group of individuals who have come together to constructively influence the development of Idaho's adult DD service system. Convened by the Council in November 2011, the group aspires to achieve the following vision: "By 2020, adults with developmental disabilities living in Idaho enjoy the same opportunities, freedoms and rights as their neighbors. They have access to sustainable service systems that provide quality, individualized supports to meet their lifelong and changing needs, interests and choices."

The CWG represents a range of people with developmental disabilities, service providers, advocates, state agencies and policymakers. It features an eight-member steering committee that meets monthly. The steering committee presents its work to the full membership of the CWG for feedback and approval at least three times a year. CWG seeks to influence the entire system, the core of which are Medicaid-paid services, as well as other important community and natural supports, paid and unpaid, such as employment, housing, and transportation—supports essential to helping adults with developmental disabilities live meaningfully inclusive and productive lives.

The Council sponsors a Community Inclusion Award annually. This award recognizes a program, agency, or group that demonstrates excellence in including people with developmental and other disabilities in the work place, within recreation activities, clubs and communities. This year's recipient was Mr. Tod Wingfield at the Boise ReStore, who was presented with an award and \$500 during a ceremony in August. The ceremony was well attended by ReStore staff, community members, and Council member, Louis Garcia, a volunteer of two years at Boise Valley ReStore, who made the nomination. The Council proudly supports groups, such as ReStore, who organically include all people within their store environment.

For more information, please visit: www.icdd.idaho.gov.

Council on Domestic Violence and Victim Assistance

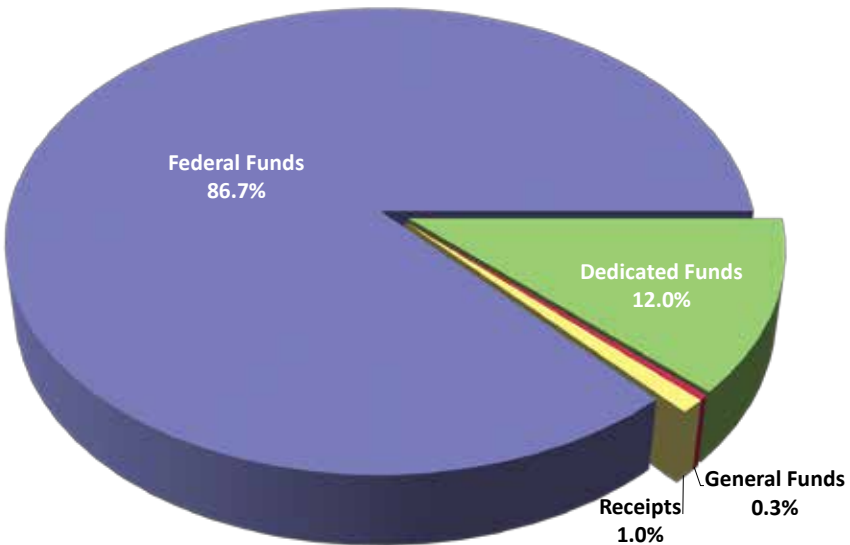
Luann Dettman, Executive Director, 332-1540

The council was created in 1982 by the Idaho Legislature to promote assistance to victims of crime. The scope of the council includes:

- Administration of federal and state funding provided to programs that serve crime victims;
- Promoting legislation that impacts crime;
- Providing standards for domestic violence, sexual assault, and offender intervention programs; and
- Training and public awareness on violence and victim assistance.

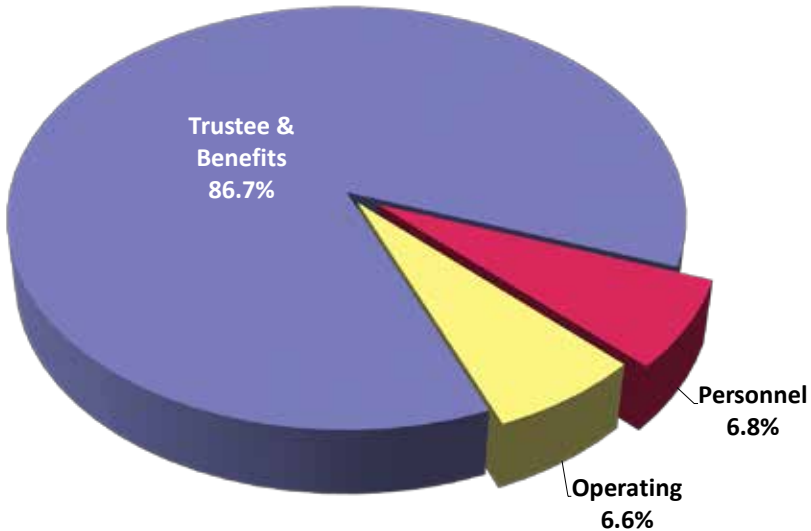
In addition, the council serves as a statutory advisory body for programs affecting victims of crime, and acts as a coordinating agency for the state on victim assistance issues.

Council on Domestic Violence and Victim Assistance SFY 2015 Funding Sources



Funding is channeled through the DHW budget, but councils are independent and not administered by the department. FTP: 3; General Funds \$13,700, Total Funds \$4.1 million.

Council on Domestic Violence and Victim Assistance SFY 2015 Expenditure Categories



The council consists of seven members, one from each of the seven judicial districts in Idaho. The members are: Susan Welch (Region 1); Mia Vowels (Region 2); Maggie Stroud (Region 3); Doug Graves (Region 4); Dan Bristol (Region 5); Dr. Karen Neill (Region 6); and Len Humphries (Region 7).

As a funding agency, the council administers a combination of federal and state resources. Primary funding sources include the United States Department of Justice Office for Victims of Crime, the Victims of Crime Act, the Federal Family Violence and Prevention Grant, the Idaho State Domestic Violence Project, and the Idaho Perpetrator Fund.

The council funds approximately 40 programs throughout the state that provide direct victim services, including crisis hotlines, shelters, victim/witness coordinators, juvenile services, counseling, court liaisons, and victim family assistance. The council also serves as the oversight for all approved offender intervention programs throughout the state.

The council also provides statewide training for service providers on crime victim issues, and resources to communities, including publications and educational materials.

For more information, visit www.icdv.idaho.gov.

Glossary of Terms and Acronyms

ATR	Access to Recovery Grant
AABD	Aid to the Aged, Blind and Disabled
ACIP.....	Advisory Committee on Immunization Practices
ACT	Assertive Community Treatment
ADA.....	Americans with Disabilities Act
AED.....	Automated External Defibrillator
AEMT.....	Advanced Emergency Medical Technician
AIDS.....	Auto Immune Deficiency Syndrome
AMH.....	Adult Mental Health
APS.....	Administrative Procedures Section
APSE.....	Association for Persons in Supportive Employment
BRFSS.....	Behavioral Risk Factor Surveillance System
CAP	College of American Pathologists
CAP.....	Community Action Partnerships
CCAI.....	Comprehensive Cancer Alliance of Idaho
CHC	Criminal History Check
CDC.....	Centers for Disease Control and Prevention
CDHD.....	Center for Disabilities and Human Development
CFH.....	Certified Family Home
CHIP.....	Children's Health Insurance Program
CLIA	Clinical Laboratory Improvement Amendment
CMHP.....	Children's Mental Health Project
CSBG.....	Community Services Block Grant
CQI.....	Continuous Quality Improvement
CSCC.....	Child Support Customer Service
CY	Calendar Year
DD	Developmental Disabilities
DDA	Developmental Disability Agencies
DDI.....	Design, Development and Implementation
DIT.....	Division of Information and Technology
DRA.....	Deficit Reduction Act
DTaP.....	Diphtheria, Tetanus, acellular Pertussis
DUI.....	Driving Under the Influence
EBT	Electronic Benefits Transfer
EMR.....	Emergency Medical Responder
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EPICS.....	Eligibility Programs Integrated Computer System
ELT.....	Executive Leadership Team
ETV.....	Education and Training Voucher Program

EWS.....	Enhanced Work Services
FACS	Division of Family and Community Services
FFY	Federal Fiscal Year
FIDM.....	Financial Institution Data Matching
FNS.....	Food and Nutrition Services at USDA
FTP	Full-time Positions
FYI.....	Foster Youth Alumni of Idaho
GAIN.....	Global Appraisal of Individual Needs
GED.....	General Education Degree
HPP.....	Health Preparedness Program
HIFA.....	Health Insurance Flexibility Act
HIPAA.....	Health Insurance Portability and Accountability Act
HIV.....	Human Immunodeficiency Virus
HPV.....	Human Papilloma Virus
HPSA.....	Health Professional Shortage Area
IBI.....	Intensive Behavioral Intervention
IBIS.....	Idaho Benefits Information System
ICCMH	Idaho Council on Children's Mental Health
ICCP.....	Idaho Child Care Program
ICCCP.....	Idaho Comprehensive Cancer Control Program
ICF/MR.....	Intermediate Care Facility for People with Mental Retardation
ICSA.....	Interagency Committee on Substance Abuse
DHW	Idaho Department of Health and Welfare
IIP.....	Idaho Immunization Program
IRIS	Immunization Reminder Information System
ITSAP.....	Idaho Telephone Service Assistance Program
JET.....	Job Education and Training
LIHEAP.....	Low Income Home Energy Assistance Program
MITA.....	Medical Information Technology Architecture
MMIS	Medicaid Management Information System
MMRV.....	Mumps, Measles, Rubella and Varicella
MST.....	Mountain Standard Time
OPE.....	Office of Performance
PHA.....	Premium Health Assistance
PAN.....	Physical Activity and Nutrition Program
PMO.....	Project Management Office
PSR.....	Psychosocial Rehabilitation Services
PWC	Pregnant Women and Children
RAC.....	Regional Advisory Committee
RALF.....	Residential Care and Assisted Living Facilities
RFP.....	Request for Proposal
RMHB.....	Regional Mental Health Board

RMHC.....	Regional Mental Health Centers
RSO	Receiving Services Only
SA.....	Substance Abuse
SALN.....	Self Advocate Leadership Network
SED.....	Serious Emotional Disturbance
SFY	State Fiscal Year
SHIP	Small Hospital Improvement Program
SHN.....	State Hospital North
SHS	State Hospital South
SPAN.....	Suicide Prevention Action Network
STD.....	Sexually Transmitted Diseases
SUR	Surveillance & Utilization Review
SWITC.....	Southwest Idaho Treatment Center in Nampa
TAFI.....	Temporary Assistance for Families in Idaho
TANF.....	Temporary Assistance for Needy Families
TBI	Traumatic Brain Injury
TEFAP.....	The Emergency Food Assistance Program
TPC.....	Tobacco Prevention and Control Program
VAERS.....	Vaccine Adverse Event Reporting System
VFC.....	Vaccines for Children
WAP.....	Weatherization Assistance Program
WHC.....	Women's Health Check
WIC.....	Women, Infants and Children

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